

My Family's Health Story

| Family (related by blood only) | Relative's name | Relationship to you | Health condition | Age at diagnosis | Living? (yes or no) | Age at death |
|---|------------------------|----------------------------|-------------------------|-------------------------|-------------------------------|---------------------|
| Immediate (your brothers, sisters, your parents, your children) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Mother's (her father, her mother, her sisters, her brothers) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Father's (his father, his mother, his sisters, his brothers) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Get more help with your health insurance at: www.MyHealthMyVoice.com