

Familial Health Information Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title/Department]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request familial health information for the purpose of understanding potential hereditary health issues within my family. This information is essential for providing context to my own medical history and aiding in proactive health measures.

Specifically, I would like to receive information on:

- Any documented family history of chronic diseases.
- Genetic predispositions or conditions that may be relevant.
- Any significant health events that have been recorded.

For your reference, the details of my immediate family members are as follows:

- Name: [Family Member 1 Name], Relationship: [Relationship], Health Condition: [Condition]
- Name: [Family Member 2 Name], Relationship: [Relationship], Health Condition: [Condition]

Please let me know if there are any forms or further information I need to provide to facilitate this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]