

# Family Medical History Record

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Your Name], am providing my family medical history for the purpose of understanding hereditary health risks.

## Family Member Details

| Relationship | Name             | Age             | Health Conditions   |
|--------------|------------------|-----------------|---------------------|
| Father       | [Father's Name]  | [Father's Age]  | [Health Conditions] |
| Mother       | [Mother's Name]  | [Mother's Age]  | [Health Conditions] |
| Sibling      | [Sibling's Name] | [Sibling's Age] | [Health Conditions] |

Additionally, I have detailed any known health conditions within the extended family below:

- Grandfather: [Health Conditions]
- Grandmother: [Health Conditions]
- Aunt/Uncle: [Health Conditions]

If further information is required, please do not hesitate to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]