FAMILY MEDICAL PASSPORT

This family medical passport includes common chronic conditions and major inherited categories where family history is relevant in UK practice or clinicians are expected to ask about. Designed in a simple, user-friendly format, it can be easily printed on most devices or standard printers, making it accessible for widespread use.

AIM: To provide individuals and their families with a record of their family health history, support early recognition of inherited health risks, guide prevention, empower individuals to take an active role in managing their health and support personalised healthcare. Individuals have full control over the information it contains and may choose if, when, and with whom to share it. For the most accurate and useful family history, it is strongly recommended that you seek support from your doctor, pharmacist, or another healthcare professional when completing this form.

PRACTICAL USES:

- Awareness campaigns – highlighting inherited risks (e.g., heart disease, diabetes, cancers).
- Community health education – teaching families to talk about and record health history.
- Preventive health promotion – lifestyle changes (diet, exercise, smoking cessation) tailored to family risk.
- Policy advocacy – showing the importance of integrating family history into routine healthcare.
- Screening/early detection – encouraging at-risk groups to attend check-ups. Helps healthcare professionals identify who needs genetic counselling referrals.

Have health conversations with your relatives. If possible, ask your parents, grandparents, uncles, aunties, siblings about their health history. Use family gatherings or phone calls to ask: "Has anyone in our family had heart disease and at what age?" Write this down before it's forgotten.

DISCLAIMER: This Family Medical Passport is intended to support discussions with healthcare providers and assist in continuity of care. The information is recorded is by the user and may not be complete or clinically verified. Users should not rely on this document alone for medical decision making and should consult a qualified healthcare professional for diagnosis, treatment, and medical advice.

⚠ ***In case of a medical emergency, always seek immediate professional help by contacting emergency services.***

STRENGTH OF FAMILY LINK

The strength of family link indicates how much family history contributes to disease risk, ranging from weak (minor influence) to very strong (highly predictive, often genetic). This helps guide clinical decision making, genetic counselling, and preventive care.

● Weak link

- Having a family member with this condition only slightly raises your chance of developing it. Things like lifestyle or environment are much bigger factors. Example: Chronic lung disease from smoking, even if your parent had it, smoking matters far more.

● ● Weak–Moderate link

- Family history may give you a small increase in risk but is usually not the main factor; lifestyle and environment matter more. Example: High blood pressure runs in families, but diet, weight, and stress are stronger influences.

● Moderate link

- Family history has a clear influence, and visibly important. If a close relative has it, your risk is about 2–3 times higher than average. Other factors (diet, stress, infections) also affect whether it develops. Example: Osteoarthritis (joint wear and tear).

● ● Moderate–Strong link

- Family history is a major factor, though not the only one. Having a close relative means your risk is several times higher than average. The condition often appears earlier or more severely in families where it runs. Example: Stroke.

● Strong link

- Family history is a key risk factor. If a close relative has it, your chance is much higher than average; often 3–5 times greater. Even if you live healthily, your risk can still be higher than someone without family history. Example: breast cancer (without known genetic mutation).

● Very strong link

- The condition is usually inherited directly through genes. If it runs in your family, your risk is very high. Risk in first-degree relatives can be 5–50+ times higher than the general population. In some cases, carrying the gene almost guarantees the condition will develop. Example: Huntington's disease, cystic fibrosis, polycystic kidney disease, BRCA-related breast/ovarian cancer.

FULL NAME:	**DATE OF BIRTH:**
PHONE:	**EMAIL ADDRESS:**
ALLERGIES & REACTIONS:	
KEY MEDICAL CONDITIONS:	
SURGERIES/ HOSPITALISATIONS:	
IMMUNISATIONS / SCREENING (e.g. cervical smear, flu jab):	

	LIST MEDICAL CONDITION(S)		
	WIFE/BIOLOGICAL PARTNER ☐ **Alive** ☐ **Dead: Age___**	**BIOLOGICAL DAUGHTER(S)** ☐ **Alive** ☐ **Dead: Age___**	**BIOLOGICAL SON(S)** ☐ **Alive** ☐ **Dead: Age___**

PLEASE READ: Maternal history section is in green shading (page 4-14) and paternal history section in blue shading (page 15-25). Complete both sections to get a complete record. Example, shown below

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER' S SISTER	MOTHER'S BROTHER	STATUS AND AGE
Hypertension (high blood pressure)	🟡🟠 Earlier onset in families	✓					☐ **Alive** ☑ **Dead: Age 75**

FAMILY MEDICAL PASSPORT 2025

MATERNAL HISTORY

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
CANCERS (ONCOLOGY)							
Bladder cancer	🟡 Hereditary risk but weaker versus environmental						☐ **Alive** ☐ **Dead: Age___**
Breast cancer	🟣 BRCA1/2, PALB2						☐ **Alive** ☐ **Dead: Age___**
Colorectal cancer	🟣 Lynch syndrome, Familial Adenomatous Polyposis						☐ **Alive** ☐ **Dead: Age___**
Ovarian cancer	🟣 Often with BRCA mutations						☐ **Alive** ☐ **Dead: Age___**
Pancreatic cancer	🔴 Familial clusters						☐ **Alive** ☐ **Dead: Age___**
Prostate cancer	🔴 Doubled with 1st-degree relative						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
CARDIOVASCULAR							
Coronary artery disease / Ischaemic heart disease:	🔴 Especially premature (<55y men, <65y women)						☐ **Alive** ☐ **Dead: Age___**
Familial hypercholesterolaemia	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Hypertension (high blood pressure)	🟡🟠 Earlier onset in families						☐ **Alive** ☐ **Dead: Age___**
Hypertrophic cardiomyopathy	🟣 Inherited cardiomyopathy, risk of sudden death						☐ **Alive** ☐ **Dead: Age___**
Stroke (especially premature stroke)	🟡🟠 Family effect important, lifestyle also matters. Stronger if early onset						☐ **Alive** ☐ **Dead: Age___**
Marfan syndrome	🟣 Directly inherited connective tissue disorder → aortic aneurysm risk						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
DERMATOLOGY							
Acne vulgaris	🔴 Family history doesn't just increase the chance of having acne, but also makes it start earlier and often severe						☐ **Alive** ☐ **Dead: Age___**
Atopic dermatitis (eczema)	🟣 Often part of atopic triad						☐ **Alive** ☐ **Dead: Age___**
Melanoma	🟣 CDKN2A mutations, familial melanoma syndromes						☐ **Alive** ☐ **Dead: Age___**
Psoriasis	🔴 Polygenic; risk increases if both parents affected						☐ **Alive** ☐ **Dead: Age___**
Vitiligo	🟡🟠 Familial clustering, autoimmune link						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
ENDOCRINE/METABOLIC							
Autoimmune thyroid disease (Graves', Hashimoto's)	🔴 Familial clustering						☐ **Alive** ☐ **Dead: Age___**
Congenital adrenal hyperplasia (CAH)	🟣 Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
Familial non-medullary thyroid cancer	🟡🟠 Earlier onset, multifocal						☐ **Alive** ☐ **Dead: Age___**
Medullary thyroid carcinoma (MEN2)	🟣 RET mutation → screen family						☐ **Alive** ☐ **Dead: Age___**
MODY (maturity-onset diabetes of the young)	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Multiple endocrine neoplasia syndromes)	🟣 Rare						☐ **Alive** ☐ **Dead: Age___**
Obesity & metabolic syndrome	🟡 Polygenic + lifestyle						☐ **Alive** ☐ **Dead: Age___**
Type 1 diabetes mellitus	🔴 Genetic + immune predisposition						☐ **Alive** ☐ **Dead: Age___**
Type 2 Diabetes	🔴 Lifestyle + genetic						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
GASTROENTEROLOGY							
Coeliac disease	🔴 Immune system genes HLA-DQ2/DQ8 linked						☐ **Alive** ☐ **Dead: Age___**
Hereditary pancreatitis	🔴 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Inflammatory bowel disease (Crohn's, Ulcerative colitis)	🔴 Runs strongly in families especially Crohn's						☐ **Alive** ☐ **Dead: Age___**
GYNAECOLOGY							
Endometriosis	🔴 7–10 times risk in first-degree relatives						☐ **Alive** ☐ **Dead: Age___**
Polycystic ovarian syndrome (PCOS)	🔴 Familial clustering; genetic and metabolic links						☐ **Alive** ☐ **Dead: Age___**
Uterine fibroids	🟡🟠 Higher prevalence in families						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
HAEMATOLOGY							
Glucose-6-phosphate dehydrogenase (G6PD) deficiency	X-linked; haemolysis						☐ **Alive** ☐ **Dead: Age___**
Hereditary spherocytosis	Chronic haemolytic anaemia						☐ **Alive** ☐ **Dead: Age___**
Sickle cell disease	Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
Thalassaemias (α, β)	Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
HEPATOLOGY							
Alpha-1 antitrypsin deficiency	Overlaps with Respiratory						☐ **Alive** ☐ **Dead: Age___**
Hereditary haemochromatosis	Overlaps with Haematology						☐ **Alive** ☐ **Dead: Age___**
Polycystic liver disease	Rare						☐ **Alive** ☐ **Dead: Age___**
Wilson's disease	Rare						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
MUSCULOSKELETAL/RHEUMATOLOGY							
Ankylosing spondylitis	Linked to the HLA-B27 gene						☐ **Alive** ☐ **Dead: Age___**
Ehlers–Danlos syndrome	Rare connective tissue disorder- mutations in genes that code for collagen						☐ **Alive** ☐ **Dead: Age___**
Osteoarthritis	Partly hereditary, especially osteoarthritis of hand or knee						☐ **Alive** ☐ **Dead: Age___**
Osteoporosis	Strong maternal link -risk is significantly higher if mother had a hip fracture						☐ **Alive** ☐ **Dead: Age___**
Rheumatoid arthritis	Has a strong genetic association with HLA-DR4 gene						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
🧠 **NEUROLOGY**							
Alzheimer's disease	🔴 Early-onset typically before age 65, (often in someone's 40s or 50s)						☐ **Alive** ☐ **Dead: Age___**
Epilepsy (certain syndromes)	🟡 Stronger in specific forms						☐ **Alive** ☐ **Dead: Age___**
Huntington's disease	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Migraine	🔴 Often maternal inheritance						☐ **Alive** ☐ **Dead: Age___**
Neurofibromatosis type 1 and type 2 (NF1, NF2)	🟣 Mutation in the tumour suppression genes NF1, NF2						☐ **Alive** ☐ **Dead: Age___**
Parkinson's disease	🟡🟠 LRRK2, PARK mutations						☐ **Alive** ☐ **Dead: Age___**
Tuberous sclerosis	🟣 Multisystem genetic condition						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
OPHTHALMOLOGY							
Age-related macular degeneration	🔴 Genetic polymorphisms						☐ **Alive** ☐ **Dead: Age___**
Keratoconus	🔴 Hereditary especially if there are allergies (atopy)						☐ **Alive** ☐ **Dead: Age___**
Primary open-angle glaucoma	🔴 Family history = major risk factor						☐ **Alive** ☐ **Dead: Age___**
Retinitis pigmentosa	🟣 Inherited retinal dystrophy						☐ **Alive** ☐ **Dead: Age___**
PSYCHIATRY							
Bipolar disorder	🟡🟠 Stronger genetic risk than depression						☐ **Alive** ☐ **Dead: Age___**
Depression	🟡 Familial clustering						☐ **Alive** ☐ **Dead: Age___**
Schizophrenia	🔴 ~10 times risk in first degree relatives						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
RENAL / NEPHROLOGY							
Alport syndrome	🔴 X-linked hereditary nephritis						☐ **Alive** ☐ **Dead: Age___**
Polycystic kidney disease (ADPKD)	🟣 Autosomal dominant, about 50% chance of getting it						☐ **Alive** ☐ **Dead: Age___**
RESPIRATORY							
Alpha-1 antitrypsin deficiency	🔴 COPD + liver disease						☐ **Alive** ☐ **Dead: Age___**
Asthma	🔴 Especially with atopy						☐ **Alive** ☐ **Dead: Age___**
Chronic Obstructive Pulmonary Disease (COPD)	⚫🟡 Mainly smoking; some family risk						☐ **Alive** ☐ **Dead: Age___**
Cystic fibrosis	🟣 Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
X-linked hereditary nephritis	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	MOTHER	MOTHER'S MUM	MOTHER'S DAD	MOTHER'S SISTER	MOTHER'S BROTHER	STATUS AND AGE
UROLOGY							
Alport syndrome	🔴 X-linked nephropathy, hearing loss, ocular features						☐ **Alive** ☐ **Dead: Age___**
Benign prostatic hyperplasia (BPH)	🟡🟠 Familial tendency						☐ **Alive** ☐ **Dead: Age___**

You have now recorded the medical history on your mother's side of the family.

This information helps you and your healthcare providers understand any health conditions that may be passed down through your maternal line.

👉 **Remember to update this section if new diagnoses or important changes occur in your mother, grandparents, aunts, uncles, or siblings.**

FAMILY MEDICAL PASSPORT 2025

PATERNAL HISTORY

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
CANCERS (ONCOLOGY)							
Bladder cancer	Hereditary risk but weaker versus environmental						☐ **Alive** ☐ **Dead: Age___**
Breast cancer	BRCA1/2, PALB2						☐ **Alive** ☐ **Dead: Age___**
Colorectal cancer	Lynch syndrome, Familial Adenomatous Polyposis						☐ **Alive** ☐ **Dead: Age___**
Ovarian cancer	Often with BRCA mutations						☐ **Alive** ☐ **Dead: Age___**
Pancreatic cancer	Familial clusters						☐ **Alive** ☐ **Dead: Age___**
Prostate cancer	Doubled with 1st-degree relative						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
CARDIOVASCULAR							
Coronary artery disease / Ischaemic heart disease:	🔴 Especially premature (<55y men, <65y women)						☐ **Alive** ☐ **Dead: Age__**
Familial hypercholesterolaemia	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Hypertension (high blood pressure)	🟡🟠 Earlier onset in families						☐ **Alive** ☐ **Dead: Age___**
Hypertrophic cardiomyopathy	🟣 Inherited cardiomyopathy, risk of sudden death						☐ **Alive** ☐ **Dead: Age___**
Stroke (especially premature stroke)	🟡🟠 Family effect important, lifestyle also matters. Stronger if early onset						☐ **Alive** ☐ **Dead: Age___**
Marfan syndrome	🟣 Directly inherited connective tissue disorder → aortic aneurysm risk						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
DERMATOLOGY							
Acne vulgaris	🔴 Family history doesn't just increase the chance of having acne, but also makes it start earlier and often severe						☐ **Alive** ☐ **Dead: Age___**
Atopic dermatitis (eczema)	🟣 Often part of atopic triad						☐ **Alive** ☐ **Dead: Age___**
Melanoma	🟣 CDKN2A mutations, familial melanoma syndromes						☐ **Alive** ☐ **Dead: Age___**
Psoriasis	🔴 Polygenic; risk increases if both parents affected						☐ **Alive** ☐ **Dead: Age___**
Vitiligo	🟡🟠 Familial clustering, autoimmune link						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
ENDOCRINE/METABOLIC							
Autoimmune thyroid disease (Graves', Hashimoto's)	🔴 Familial clustering						☐ **Alive** ☐ **Dead: Age___**
Congenital adrenal hyperplasia (CAH)	🟣 Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
Familial non-medullary thyroid cancer	🟡🟠 Earlier onset, multifocal						☐ **Alive** ☐ **Dead: Age___**
Medullary thyroid carcinoma (MEN2)	🟣 RET mutation → screen family						☐ **Alive** ☐ **Dead: Age___**
MODY (maturity-onset diabetes of the young)	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Multiple endocrine neoplasia syndromes)	🟣 Rare						☐ **Alive** ☐ **Dead: Age___**
Obesity & metabolic syndrome	🟡 Polygenic + lifestyle						☐ **Alive** ☐ **Dead: Age___**
Type 1 diabetes mellitus	🔴 Genetic + immune predisposition						☐ **Alive** ☐ **Dead: Age___**
Type 2 Diabetes	🔴 Lifestyle + genetic						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
GASTROENTEROLOGY							
Coeliac disease	🔴 Immune system genes HLA-DQ2/DQ8 linked						☐ **Alive** ☐ **Dead: Age___**
Hereditary pancreatitis	🔴 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Inflammatory bowel disease (Crohn's, Ulcerative colitis)	🔴 Runs strongly in families especially Crohn's						☐ **Alive** ☐ **Dead: Age___**
GYNAECOLOGY							
Endometriosis	🔴 7–10 times risk in first-degree relatives						☐ **Alive** ☐ **Dead: Age___**
Polycystic ovarian syndrome (PCOS)	🔴 Familial clustering; genetic and metabolic links						☐ **Alive** ☐ **Dead: Age___**
Uterine fibroids	🟡🟠 Higher prevalence in families						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
HAEMATOLOGY							
Glucose-6-phosphate dehydrogenase (G6PD) deficiency	🔴 X-linked; haemolysis						☐ **Alive** ☐ **Dead: Age___**
Hereditary spherocytosis	🔴 Chronic haemolytic anaemia						☐ **Alive** ☐ **Dead: Age___**
Sickle cell disease	🟣 Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
Thalassaemias (α, β)	🟣 Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
HEPATOLOGY							
Alpha-1 antitrypsin deficiency	🔴 Overlaps with Respiratory						☐ **Alive** ☐ **Dead: Age___**
Hereditary haemochromatosis	🔴 Overlaps with Haematology						☐ **Alive** ☐ **Dead: Age___**
Polycystic liver disease	🔴 Rare						☐ **Alive** ☐ **Dead: Age___**
Wilson's disease	🟣 Rare						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
MUSCULOSKELETAL/RHEUMATOLOGY							
Ankylosing spondylitis	🟣 Linked to the HLA-B27 gene						☐ **Alive** ☐ **Dead: Age___**
Ehlers–Danlos syndrome	🟣 Rare connective tissue disorder- mutations in genes that code for collagen						☐ **Alive** ☐ **Dead: Age___**
Osteoarthritis	🟡 Partly hereditary, especially osteoarthritis of hand or knee						☐ **Alive** ☐ **Dead: Age___**
Osteoporosis	🟡🟠 Strong maternal link -risk is significantly higher if mother had a hip fracture						☐ **Alive** ☐ **Dead: Age___**
Rheumatoid arthritis	🔴 Has a strong genetic association with HLA-DR4 gene						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
🧠 **NEUROLOGY**							
Alzheimer's disease	🔴 Early-onset typically before age 65, (often in someone's 40s or 50s)						☐ **Alive** ☐ **Dead: Age___**
Epilepsy (certain syndromes)	🟡 Stronger in specific forms						☐ **Alive** ☐ **Dead: Age___**
Huntington's disease	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**
Migraine	🔴 Often maternal inheritance						☐ **Alive** ☐ **Dead: Age___**
Neurofibromatosis type 1 and type 2 (NF1, NF2)	🟣 Mutation in the tumour suppression genes NF1, NF2						☐ **Alive** ☐ **Dead: Age___**
Parkinson's disease	🟡🟠 LRRK2, PARK mutations						☐ **Alive** ☐ **Dead: Age___**
Tuberous sclerosis	🟣 Multisystem genetic condition						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
OPHTHALMOLOGY							
Age-related macular degeneration	🔴 Genetic polymorphisms						☐ **Alive** ☐ **Dead: Age___**
Keratoconus	🔴 Hereditary especially if there are allergies (atopy)						☐ **Alive** ☐ **Dead: Age___**
Primary open-angle glaucoma	🔴 Family history = major risk factor						☐ **Alive** ☐ **Dead: Age___**
Retinitis pigmentosa	🟣 Inherited retinal dystrophy						☐ **Alive** ☐ **Dead: Age___**
PSYCHIATRY							
Bipolar disorder	🟡🟠 Stronger genetic risk than depression						☐ **Alive** ☐ **Dead: Age___**
Depression	🟡 Familial clustering						☐ **Alive** ☐ **Dead: Age___**
Schizophrenia	🔴 ~10 times risk in first degree relatives						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
RENAL / NEPHROLOGY							
Alport syndrome	🔴 X-linked hereditary nephritis						☐ **Alive** ☐ **Dead: Age___**
Polycystic kidney disease (ADPKD)	🟣 Autosomal dominant, about 50% chance of getting it						☐ **Alive** ☐ **Dead: Age___**
RESPIRATORY							
Alpha-1 antitrypsin deficiency	🔴 COPD + liver disease						☐ **Alive** ☐ **Dead: Age___**
Asthma	🔴 Especially with atopy						☐ **Alive** ☐ **Dead: Age___**
Chronic Obstructive Pulmonary Disease (COPD)	⚫🟡 Mainly smoking; some family risk						☐ **Alive** ☐ **Dead: Age___**
Cystic fibrosis	🟣 Autosomal recessive						☐ **Alive** ☐ **Dead: Age___**
X-linked hereditary nephritis	🟣 Autosomal dominant						☐ **Alive** ☐ **Dead: Age___**

CONDITION/DIAGNOSIS	STRENGTH OF FAMILY LINK	FATHER	FATHER'S MUM	FATHER'S DAD	FATHER'S SISTER	FATHER'S BROTHER	STATUS AND AGE
🚹 **UROLOGY**							
Alport syndrome	🔴 X-linked nephropathy, hearing loss, ocular features						☐ **Alive** ☐ **Dead: Age___**
Benign prostatic hyperplasia (BPH)	🟡🟠 Familial tendency						☐ **Alive** ☐ **Dead: Age___**

You have now recorded the medical history on your father's side of the family.

This information helps you and your healthcare providers understand any health conditions that may be passed down through your maternal line.

👉 **Remember to update this section if new diagnoses or important changes occur in your father, grandparents, aunts, uncles, or siblings.**