



UnitedHealthcare's Asian American Markets team is proud to present you with this family health history tree. It's a simple tool you can use to record your family's health history in a chart also known as a "pedigree."

Find out more

The Genetic Alliance and the Office of Public Health Genomics offer information about how genetics affects health. (Note: the sites listed below are not affiliated with UnitedHealthcare.)

- www.geneticalliance.org/ws_display.asp?filter=fhh
- www.cdc.gov/genomics/public/famhix/links.htm

**Trace the past
Learn the present
To minimize future risk**



The Family

Paternal Side

Maternal Side

Name:
Grandfather

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
Grandmother

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
Grandfather

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
Grandmother

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
Father

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
Mother

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
 Brother **Sister**

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
Me

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
 Brother **Sister**

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
 Daughter **Son**

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Name:
 Daughter **Son**

Cancer - type _____ Heart disease
 Chronic obstructive pulmonary disease Liver disease
 Diabetes Mental illness
 Hepatitis B Smoker
 High blood pressure Stroke
 High cholesterol Tuberculosis
 HIV/AIDS Other health condition(s): _____

Get the family involved – Bring this brochure to your next family gathering so that you can all work together to complete the family health history tree. This can be a great way for you to identify blood relatives with certain conditions and create a record to share with your health care professional. Visit uhcasian.com for more health-related information.