

YOUR FAMILY HEALTH HISTORY

What is family health history?

Your family health history is a collection of health information about you and your close relatives. It contains information about conditions, diseases, and health problems that you or your children may be at risk for now or in the future.

If you have a family history of a condition, you may be at increased risk—but it does not mean that you will definitely have the condition.

Why is it important to know your family health history?

Knowing your family health history can help you and your doctors determine your health risks. You may be able to prevent some conditions by making changes in your lifestyle and making healthier life choices. You may also be able to receive early treatment for some conditions.

Your family health history can be used by your doctor to:

- Help interpret your symptoms
- Assess your risk for certain diseases/conditions
- Recommend changes in diet or other lifestyle habits that can lower disease/condition risk
- Recommend treatments that can modify disease/condition risk
- Determine what diagnostic tests to order
- Determine the type and frequency of appropriate disease/condition screening and follow-up
- Determine whether you or family members should get a specific genetic test
- Identify a condition that may not otherwise be considered by your doctor
- Identify other family members who are at risk of developing a certain disease/condition
- Assess your risk of passing conditions on to your children

Your family health history provides information that may help your healthcare professional delay, lessen the severity of, or prevent a health condition for which you are genetically predisposed.

This information also can make a big difference in a medical emergency, as it may provide clues for faster evaluation and treatment in a hospital emergency department.

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Submit questions to our Help & Resource Center: [Marfan.org/Ask](https://marfan.org/Ask)

Why is family health history especially important in Marfan syndrome?

Your family health history plays a critical role in the diagnostic process for Marfan syndrome. To understand why, it's important to understand how Marfan syndrome is inherited.

In 3 out of every 4 cases of Marfan syndrome, the condition is inherited from a parent. In one-fourth of people with the condition, it occurs because of a spontaneous gene mutation (change) at the time of conception. This would cause a person to be first in the family to have this condition.

Sometimes Marfan syndrome goes undiagnosed and, without treatment, it can be fatal. Family health history can help your healthcare providers determine whether or not you should be evaluated for Marfan syndrome or other genetic conditions. Even if no one in your family had an official diagnosis of Marfan syndrome, your family health history can assist healthcare providers in determining whether or not you are at risk. For example, no one in your family may have ever received an official Marfan syndrome diagnosis, but you may have several unexplained heart-related deaths in your family. If you have features of Marfan syndrome and have unexplained heart-related deaths in your family health history, this could lead a healthcare provider to suspect Marfan syndrome and suggest an evaluation.

How do I collect family health history information?

Who—collect information on:

- Yourself
- Your parents
- Your grandparents
- Your brothers and sisters
- Your children
- Extended family

What—for each person note:

- Name and relationship to you (self, parent, brother, etc.)
- Ethnicity and race
- Gender
- Date of birth
- For deceased relatives, age at time of death, and cause of death
- Any diseases, disorders, illnesses and age of onset
- Lifestyle factors, such as occupation, nutrition and diet and exercise and habits such as smoking, alcohol consumption, and drug use



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How—tips to help you collect information:

- Be ready with a clear explanation of your purpose
- Write down what you already know ahead of time, using family trees, birth certificates, baby books, and photo albums
- Prepare questions in advance. Keep them brief and avoid questions that can be answered with a simple yes or no
- Word questions carefully and ask follow-up questions such as why and how
- Be a good listener
- Respect privacy because not everyone is comfortable disclosing personal medical information.

If you are adopted, medical information from your biological parents is important if it is available.

What questions should I ask my doctor?

- How does my family member's health relate to my current health concerns?
- What is my risk for developing diseases/conditions that my relatives have/had?
- Are there specific types of screenings and tests that may be beneficial?
- What type of follow-up care do I need?

What's next?

- Record the information you collect about your family health history on the form that follows* and share it with appropriate healthcare providers. When you change doctors, bring your family health history with you to your first appointment.
- Share the information you collect with your family members so they can benefit, too.
- Update the information as circumstances change and as you learn more about your family members.
- Save a digital copy for your personal records.

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MY FAMILY HEALTH HISTORY

Name: _____ Relationship: **SELF** _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____



MY FAMILY HEALTH HISTORY CONTINUED

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

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Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____

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Health Condition: _____ Age of Onset: _____

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Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

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If Deceased, Cause of Death: _____ Age at Time of Death: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

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If Deceased, Cause of Death: _____ Age at Time of Death: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____

Name: _____ Relationship: _____

DOB: _____ Gender: _____ Ethnicity/Race/Origin: _____

Occupation: _____ Lifestyle Factors: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

Health Condition: _____ Age of Onset: _____

If Deceased, Cause of Death: _____ Age at Time of Death: _____