



Your family health history

SANFORD[®]
HEALTH

A family history is one of the most powerful “genetic tests” to identify if families are at increased risk for chronic diseases and certain cancers. Discovering this early can often improve, delay or prevent negative health outcomes. Through your family health history, our physicians, genetic counselors and other health care providers can deliver better, individualized care.

The most important family members to include in your family health history are your biological parents, siblings, half-siblings, aunts, uncles, cousins and grandparents – living and deceased.

When talking to your family, ask for as much health information as possible including age, overall health, health conditions, age of diagnosis and cause of death, if deceased. Chronic health conditions in the family, such as heart disease and cancer, are important. If a family member is deceased, find the person who would know his or her medical history best.

You may not be able to complete all the information requested but try to get as much as possible – the more, the better. This information allows our team to determine disease development risk, improve screening options and help prevent diseases for other family members, not just you.

Your family health history will remain private and confidential. If you need more space to record information, feel free to copy the pages. We suggest you make a copy of this form and keep adding to it as your family health changes. It can be a useful tool for all your family members.

For questions or more information, call your Sanford Health genetic counselor at one of the following locations:

Bemidji

Jennifer Leonhard, MS, CGC (218) 333-5068
Sanford Health of Northern Minnesota(218) 333-5000

Bismarck

Linda Wolf, MS, CGC (701) 323-2086
Sanford Clinic(701) 323-8030

Fargo

Lauryn LaPoint, MS, CGC(701) 234-2774
Sanford Broadway Clinic(701) 234-2000
Sanford Fetal Care Center (701) 234-3443
Sanford Roger Maris Cancer Center (701) 234-6161

Sioux Falls

Jason Flanagan, MS, CGC(605) 328-4642
Sanford Cancer Center(605) 328-8000
Sanford Children’s Hospital (605) 312-1000
Sanford Children’s Specialty Clinic (605) 312-1000
Sanford Fetal Care Center (605) 328-4600
Sanford Health Maternal-Fetal Medicine (605) 328-4600

Family Health History Form

If someone else completed this form for you, please provide:

Name: _____

Relationship: _____

Personal Information

Name: _____

Address: _____

Primary phone number: _____

Secondary phone number: _____

Occupation: _____

Highest grade completed in school: _____

Sex: Male Female

Date of birth: _____

Are you an identical twin? Yes No

Were you adopted? Yes No

Primary care provider: _____

Ethnicity

What is your paternal nationality? _____

What is your maternal nationality? _____

Do you have any Ashkenazi Jewish ancestors? Yes No

Personal health history

List whether you have a history of cancer, polyps or other health issues you are concerned about or would like to discuss. If you have no concerns about your personal health and health history, please leave this section blank.

Personal history of health issues	Age at diagnosis

List any hospitalizations

Hospital name	Hospital location	Reason for hospitalization	Date of care

Do you have any other questions or concerns that you would like to talk to the genetic counselor about? _____

Family history

Record the number of blood relatives you have, living or deceased.

Grandparents: 4 Uncles: _____ Half-brother: _____
Mother: 1 Sisters: _____ Daughters: _____
Father: 1 Brothers: _____ Sons: _____
Aunts: _____ Half-sister: _____

Do you have a personal or family history of any of the following?

- Birth defects (such as cleft lip) Yes No
- Learning/intellectual disability Yes No
- Blood clots or bleeding disorder Yes No
- Sudden unexplained death under 50 Yes No
- Genetic or inherited condition Yes No

Provide details and additional information for any "Yes" answered. _____

Family genetic testing history

If you know of a relative who has had genetic testing, list the relative's name. If you are able, contact this relative for further information about the reason for testing, type of test and test results.

Relative's name	Date of birth	Reason for testing	Type of test	Test results

If you are interested in pursuing genetic testing for a family condition, please bring a copy of your relative(s) test results to your appointment.

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