

# MAPPING

## YOUR FAMILY'S HEALTH HISTORY

MOTHER'S  
SIDE

1

FATHER'S  
SIDE

2

YOU

3

SIBLINGS

4

FURTHER  
FAMILY

5

## Family Health History

At Pink Hope we are dedicated to providing women with the tools to empower themselves and better understand their risk of breast and ovarian cancer. One of the first steps on the journey to assessing your risk is mapping out your family health history. Gathering details from both your father's and mother's side of the family greatly increases your chance of determining your personal lifetime risk.

After finishing our family health history template, you can use the findings to assist in your completion of Pink Hope's online risk assessment tool, the Navigate Now Quiz [pinkhope.org.au/navigate-your-risk](https://pinkhope.org.au/navigate-your-risk). These resources will combine family history and lifestyle factors to provide you with a personalized breast and ovarian cancer risk assessment, in printable PDF format, which you can then take to your next doctor's appointment.

## Mapping Tips!

For each individual in your family that you look into, make sure you write down the following details; *their initials, date of birth/death, any form of cancer they've had (in particular breast, gynaecological [ovarian], bowel, prostate or pancreatic cancer) and the age at which the cancer commenced.*

Remember that discussing family health matters can be difficult and requires sensitivity, respect and understanding. By being proactive about researching family health history, seeking expert medical advice, learning about your options and taking action, you can change your future!

With Pink Hope on your side, organising your family health history will be as easy as one, two, and three! Now, get mapping!



# MAPPING

## YOUR FAMILY'S HEALTH HISTORY

### 1. MOTHER'S SIDE

#### Your Grandmother

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Your Grandfather

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Your Mother

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Mother's Siblings

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Extra Notes:

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### 3. YOU

Keeping track of your own health is just as important as that of your extended family! Keep a record of your health updates here as you travel along your health journey.

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### 2. FATHERS'S SIDE

#### Your Grandmother

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Your Grandfather

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Your Father

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Mother's Siblings

Initials: ..... DOB/DOD: .....

Conditions and Age Began: .....

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#### Extra Notes:

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# MAPPING

## YOUR FAMILY'S HEALTH HISTORY

### 4. YOUR SIBLINGS

If you have any brothers or sisters, make sure to update their ongoing health information on this form as well.

Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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### 5. FURTHER FAMILY

Keep in mind that it would benefit you to keep track of the health history from the further degrees your family. Cousins, great grandparents, great aunts and uncles...it all matters. For anyone that you can contact or gather information about, record their details here.

Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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Initials: ..... DOB/DOD: .....

Conditions and Age Began:

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### EXTRA NOTES

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