

MeTree asks about the following tests for yourself.

Check to see if you've had any of these tests and what the results were.

- Cholesterol: including total, LDL (bad cholesterol), HDL (good cholesterol), and triglycerides (fat)
- HgbA1c: a marker of your average sugar levels for the last 3 months, used in diabetes screening and management
- High sensitivity CRP (hsCRP): a marker of inflammation used to measure risk of heart disease
- Carotid Artery Intimal Medial Thickness (CA-IMT): an ultrasound measuring the thickness of the carotid arteries (it's not the same as just measuring the blood flow inside the arteries which is called a carotid ultrasound)
- Coronary Calcium CT Score: measures calcium deposits in the heart blood vessels

MeTree asks about the following family health history.

Please talk with family members to see if anyone has been diagnosed with any of these conditions. Instructions on how to talk with family members about family health history is provided in a separate document.

Types of Cancer:

- Bone
- Brain
- Breast (both or just one?)
- Colon
- Esophageal
- Kidney (or Renal cell)
- Leukemia
- Liver (or Hepatocellular)
- Lung
- Muscle (or Sarcoma)
- Ovarian
- Pancreatic
- Prostate
- Rectal
- Skin
- Small Bowel
- Stomach
- Thyroid
- Uterine
- Unknown

Hereditary Cancer Syndromes (these are uncommon and require a genetic test):

- Hereditary Breast & Ovarian Cancer Syndrome
- Lynch Syndrome (also called Hereditary Nonpolyposis Colon Cancer)
- Familial Adenomatous Polyposis
- LiFraumeni Syndrome
- Cowden Syndrome

Hereditary Cardiovascular Syndromes (these are uncommon and require a specialist for care):

- Familial hypercholesterolemia
- Hypertrophic Cardiomyopathy
- Long QT syndrome
- Brugada syndrome

- Dilated Cardiomyopathy
- Left ventricular non-compaction syndrome
- Arrhythmogenic right ventricular dysplasia
- Catecholaminergic polymorphic ventricular tachy
- Ehlers Danlos syndrome
- Marfans syndrome

Hereditary Liver Diseases:

- Hemochromatosis
- Wilson's Disease
- Alpha 1 Anti-trypsinase Deficiency
- Primary Biliary Cirrhosis
- Auto-immune hepatitis
- Sclerosing Cholangitis

Hereditary Blood Clotting Diseases:

- Protein C deficiency
- Protein S deficiency
- Anti-thrombin 3 deficiency
- Prothrombin 2010 mutation
- Factor V Leiden

Other Diseases:

- Aortic Aneurysm
- Asthma
- Atrial Fibrillation
- Dementia/Alzheimers
- Carotid Stenosis
- Colon Polyps
- Crohn's disease
- COPD (chronic bronchitis or Emphysema)
- Diabetes (specify type: type 1, type 2, gestational (during pregnancy only))
- Heart Attack
- High Blood Pressure
- High Cholesterol
- Lupus
- Mental Illness (specify type)
- Multiple Sclerosis
- Osteoporosis
- Parkinson's Disease
- Peripheral Artery Disease
- Rheumatoid Arthritis
- Sickle Cell Trait/Disease
- Sudden cardiac death
- Stroke
- Thalessemia
- Thyroid Disease
- Ulcerative Colitis
- Addiction (drugs or alcohol)
- Kidney Disease (specify type: nephritis, nephrotic, cystic, diabetes, unknown)

Causes of Death:

- Accident
- Cancer
- Diabetes
- Heart Disease
- Infection
- Lung Disease (ex. copd)
- Natural Causes
- SIDS
- Stroke
- Unknown
- Other

Family History Worksheet

Your Children	Age now or at death*	Diseases this person has had and age they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death

Your Brothers and Sisters	Age now or at death*	Diseases this person has had and age they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death

Your Nieces and Nephews	Age now or at death*	Diseases this person has had and age they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death

Your Parents	Age now or at death*	Diseases this person has had and age they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death
Mom		
Dad		

* If you don't know their exact age, put approximate age. **Turn form over**



Your aunts and uncles on your <u>Mom's</u> side	Age now or at death*	Diseases this person has had and age* they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death

Your grandparents on your <u>Mom's</u> side	Age now or at death*	Diseases this person has had and age* they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death
grandmother		
grandfather		

Your aunts and uncles on your <u>Dad's</u> side	Age now or at death*	Diseases this person has had and age* they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death

Your grandparents on your <u>Dad's</u> side	Age now or at death*	Diseases this person has had and age* they were diagnosed Example: Breast Cancer (age 40); blood clots (age 20) If the person has died, please write cause of death
grandmother		
grandfather		

* If you don't know their exact age, put approximate age.