

your HEALTH SURVEY

Take a moment to fill out this chart.
Does anyone in your family have one of these diseases?

Alzheimer's Disease	Yes	No
Anemia	Yes	No
Blood Clots in Veins	Yes	No
Breast Cancer	Yes	No
Colon Cancer	Yes	No
Colon Polyps	Yes	No
Diabetes	Yes	No
Glaucoma	Yes	No
Heart Attack	Yes	No
High Blood Pressure	Yes	No
High Cholesterol	Yes	No
Inflammatory Bowel Disease	Yes	No
Lupus	Yes	No
Macular Degeneration	Yes	No
Melanoma	Yes	No
Multiple Sclerosis	Yes	No
Ovarian Cancer	Yes	No
Parkinson's Disease	Yes	No
Rheumatoid Arthritis	Yes	No
Seizures	Yes	No
Stroke	Yes	No
Thyroid Disease	Yes	No

If you answered 'yes' to any of these questions, you may be more likely to get that disease. Talk to your doctor to find out.

TELL US *your* STORY

If you use this brochure to start a discussion with your family or doctor

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A GUIDE TO *your* FAMILY HEALTH HISTORY



TALK TO YOUR FAMILY. TALK TO YOUR DOCTOR.

