

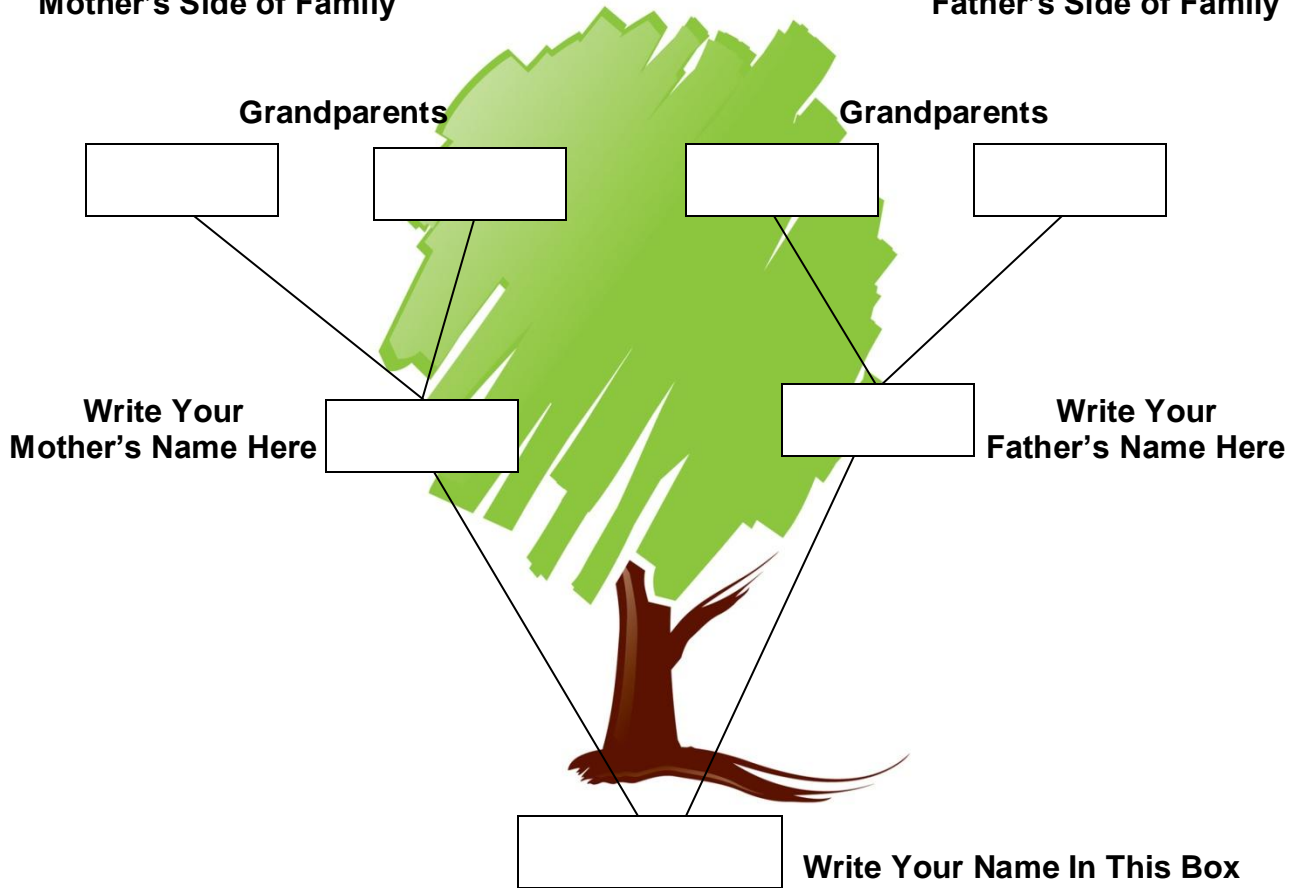


Ready... Set... Plan!

My Family Tree

Mother's Side of Family

Father's Side of Family



Place a check in the white box if disease is known to exist.

My Mother's Side Of the Family		Me		My Father's Side Of the Family	
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Sickle Cell	<input type="checkbox"/>	Sickle Cell	<input type="checkbox"/>	Sickle Cell
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Mental Illness
<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	Alcoholism

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