

Individual & Family Health Organiser

For Individuals, Carers & Families

Purpose

This tool helps you collect and organise key family health information that may be relevant to your or your young person's wellbeing. Many conditions (e.g., autoimmune issues, allergies, digestive concerns) can run in families, and sharing this context with health professionals can make it easier to get the right support. I also recognise that families are diverse, and it may feel complicated to gather or share this information. Please include what feels possible for you while respecting the privacy and wishes of relatives.

How to Use This Document

- **Keep it simple at first:** You don't need to complete every section immediately. Start with what you know and add details over time.
- **Think across generations:** Include information about parents, siblings, grandparents, and even extended family where it feels relevant.
- **Note patterns, not just diagnoses:** Fatigue, chronic pain, digestive issues, migraines, and sensitivities may be important even if they weren't formally diagnosed.
- **Update regularly:** Health changes over time. Revisit this organiser every 6–12 months or when new information arises.
- **Use it in appointments:** Share a copy (or key sections) with healthcare professionals to add valuable context.

- **Don't worry about neatness:** Rough notes are fine; the aim is to build a clearer picture, not a perfect document.
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Tips for Individuals, Parents and Carers

- **Keep the focus on patterns:** Professionals often find it useful to see repeated issues across family members.
 - **Include both physical and mental health:** Anxiety and depression can also run in families.
 - **Mark uncertainty:** If you're not sure ("Maybe my aunt had thyroid problems?"), note it down anyway, it may still be useful.
 - **Respect privacy:** Only record what you feel comfortable sharing. You may want to keep one copy for yourself and a simplified version for professionals.
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Areas to Consider

- **Neurological** (e.g., migraines, seizures, neurodivergence)
- **Digestive** (e.g., IBS, reflux, coeliac, food intolerances)
- **Autoimmune** (e.g., thyroid issues, arthritis, lupus)
- **Musculoskeletal** (e.g., hypermobility, joint pain, scoliosis)
- **Allergies & Sensitivities** (food, environmental, medication)
- **Cardiovascular** (e.g., fainting, heart conditions, blood pressure)
- **Mental Health** (e.g., anxiety, depression, OCD, bipolar)



Laura Hellfeld
neurodivergent nurse consulting

- **Other Patterns** (e.g., chronic fatigue, skin conditions, pain, reactions to medications)
- **Bladder** (e.g., incontinence, frequent infections, urgency)
- **Menstruation** (e.g., painful periods, heavy bleeding, irregular cycles)
- **Sleep** (e.g., insomnia, sleep apnoea, restless legs, night terrors)
- **Endocrine** (e.g., diabetes, thyroid, hormonal conditions)
- **Other Patterns** (e.g., chronic fatigue, skin conditions, pain, reactions to medications)

Family Health Organiser

Individual's Information

- **Name:**
- **Date of Birth:**

Neurodivergence / Neurotype: *how my brain works (e.g., Dyslexic, Autistic, ADHD)*

Known Health Diagnoses:

Current Concerns:

Medications

(Current or past medications that may be relevant to your or your young person's health and wellbeing)

Name of Medication	Purpose / Condition	Taking Currently / Past	Notes (e.g., side effects, effectiveness)

Supplements & Other Therapies

(Include anything you or your young person is currently taking or has tried, such as vitamins, herbal remedies, probiotics, or alternative/complementary therapies. This can help health professionals see the full picture.)

Supplement / Therapy	Purpose / Reason	Taking Currently / Past	Notes (e.g., effects, changes noticed)

Health & Support Professionals

(List any doctors, therapists, or other professionals you or your young person has seen. Include past or current appointments that are relevant to their health and wellbeing.)

Professional / Service	Reason / Health Area of Care	Dates Seen	Notes / Key Takeaways

Immediate Family (Parents/Guardians & Siblings)

Relation	Known Diagnoses	Symptoms / Pattern	Notes
Parent 1			
Parent 2			

Sibling 1			
Sibling 2			
Sibling 3			

Extended Family (Grandparents, Aunts, Uncles, Cousins)

Relation	Known Diagnoses	Symptoms / Pattern	Notes
Maternal Grandmother			
Maternal Grandfather			

Paternal Grandmother			
Paternal Grandfather			



Other Relatives

Notes Section

(For anything that doesn't fit neatly into the tables above, or for reflections you want to keep for yourself.)
