

DES *Health Record*

FOR MEN

This health information record can help you manage your health decisions and help you discuss questions about DES exposure with your health care provider.

Each family member exposed to DES should complete a DES Health Information Record. You can photocopy this record or print additional copies from the CDC's DES Update Web site at www.cdc.gov/DES.

General Information

Name _____ Social Security Number _____

Date of Birth _____ Blood Type _____

Primary health care provider(s) _____

Other Specialists _____

Insurance Carrier _____ Policy/Plan Number _____

Group# _____

Effective Date _____ Phone Number _____

Your DES Health History

My mother was prescribed DES while she was pregnant with me. Yes ___ No ___ Don't Know ___

I am the son of a woman or man exposed to DES before birth (in the womb), also known as a DES grandchild. Yes ___ No ___ Don't Know ___

The following chart helps you track your health checkups. Record the date and year of your most recent exam. Space is provided to track future exams.

	Date/Year	Date/Year	Date/Year	Date/Year	Date/Year
Physical Exam, including testicular exam					

Has a health care provider ever diagnosed you with:

	Year of Diagnosis
Undescended testicles	_____
Abnormal opening of the penis	_____
Non-cancerous epididymal cysts	_____
Any other genital tract abnormalities	_____
Any urinary tract abnormalities (increased frequency of urination, difficulty urinating, blood in your urine)	_____
Cancer (specify type(s) _____)	_____

(Research on increased risks of cancers among DES Sons is not definitive. However, there are some ongoing concerns about DES exposure and men's cancers, such as testicular and prostate cancers.)

Notes from your health care provider:



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General Information

Name _____ Social Security Number _____
Date of Birth _____ Blood Type _____
Primary health care provider(s) _____
Obstetrician/Gynecologist _____
Other Specialists _____
Insurance Carrier _____ Policy/Plan Number _____
Group# _____
Effective Date _____ Phone Number _____

Your DES Health History

I was prescribed DES while I was pregnant. Yes ___ No ___ Don't Know ___
My mother was prescribed DES while she was pregnant with me. Yes ___ No ___ Don't Know ___
I am the daughter of a woman or man exposed to DES before birth (in the womb), also known as a DES grandchild. Yes ___ No ___ Don't Know ___

The following chart helps you track your women's health checkups. Record the date and year of your most recent gynecological exam and mammogram. Space is provided to track future exams.

	Date/Year	Date/Year	Date/Year	Date/Year	Date/Year
Record of Gynecological Exams/Pap Tests					
Follow Up and Treatment for Abnormal Pap Tests					
Record of Mammograms					
Follow Up and Treatment for Abnormal Mammograms					

