FAMILY HEALTH HISTORY

Many health problems are hereditary in nature and may be handed down generation after generation

Patient: _____

Please review the below-listed diseases and conditions and indicate those that are current health problems of a family member. Leave blank those spaces that do not apply. If you require more space, use the reverse side of this form. Circle your answers if you relative lives around this locality, as some hereditary conditions are affected by similar climate.

Condition	Father Age [ ]	Mother Age [ ]	Spouse Age [ ]	Brothers Age [ ]	Brothers Age [ ]	Sisters Age[ ]	Sisters Age[ ]	Children Age[ ]	Children Age[ ]	Children Age[ ]
Arthritis										
Asthma – Hay Fever										
Back Trouble										
Bursitis										
Cancer										
Constipation										
Diabetes										
Disc Problem										
Epilepsy										
Headaches										
Heart Trouble										
High Blood Pressure										
Insomnia										
Kidney Trouble										
Liver Trouble										
Migraine										
Nervousness										
Neuritis										
Neuralgia										
Pinched Nerve										
Scoliosis										
Sinus Trouble										
Stomach Trouble										
Other:										

If any of the above family members are deceased, please list their age at death and cause: _____

_____

_____