

FAMILY HEALTH HISTORY

Patient _____ Date _____

Please review the ailments and conditions below and indicate those that are current health problems of a family member by writing the letter "C" under his or her. The letter "P" should be used to indicate a past problem.

CONDITION	FATHER	MOTHER	SPOUSE	BROTHER(S)		SISTER(S)		CHILDREN		
	AGE	AGE	AGE	AGE	AGE	AGE	AGE	AGE	AGE	AGE
Arthritis										
Asthma/Allergies										
Back Trouble										
Bursitis										
Cancer										
Constipation										
Diabetes										
Digestive Problems										
Emotional Problems										
Emphysema										
Epilepsy										
Headaches										
Heart Trouble										
High Blood Pressure										
Insomnia										
Kidney Trouble										
Liver Trouble										
Menstrual Problems										
Migraine										
Nervousness										
Neuritis/Neuralgia										
Pinched Nerves										
Scoliosis										
Sinus Trouble										
Stomach Trouble										
Other										
Other										

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