

Family Health History

Patient Name _____

Many health problems are hereditary in nature and may be handed down generation after generation. Please review the below listed diseases and conditions. 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 your relative lives in this locality, as some hereditary conditions are affected by similar climate.

CONDITION	Father	Mother	Spouse	Brothers	Sisters	Children
	Age ()	Age ()	Age ()	Age () Age ()	Age () Age ()	Age () Age () Age () Age ()
Arthritis (state type)						
Asthma/Hay Fever						
Back Trouble						
Bursitis						
Cancer						
Constipation						
Diabetes						
Disc Problem						
Emphysema						
Epilepsy						
Headaches						
Heartburn/Indigestion						
Heart Trouble						
High Blood Pressure						
Insomnia						
Kidney Trouble						
Liver Trouble						
Migraine						
Nervousness						
Neuritis						
Neuralgia						
Pinched Nerve						
Scoliosis						
Sinus Trouble						
Stomach Problems						
Other:						

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