

# FAMILY HEALTH HISTORY

To help determine if your health problem is hereditary in nature, please review the diseases and conditions listed below, and check off (✓) those that are health problems of a family member (simply leave blank those problems that do not apply). Please circle those relatives who live within the same proximity as you, as some hereditary conditions are affected by similar climate.

Patient: \_\_\_\_\_

HEALTH PROBLEM	FATHER	MOTHER	SPOUSE	BROTHER(S)		SISTER(S)		CHILDREN		
	Age ( )	Age ( )	Age ( )	Age ( )	Age ( )	Age ( )	Age ( )	Age ( )	Age ( )	Age ( )
Arm Pain - Numbness										
Arthritis										
Asthma, Allergy, Hay Fever										
Back Pain										
Bursitis, Tendinitis										
Cancer										
Constipation										
Diabetes										
Disc Problems										
Emphysema										
Epilepsy										
Hand Pain - Numbness										
Headaches										
Heart Trouble										
High Blood Pressure										
Insomnia										
Kidney Trouble										
Leg Pain - Numbness										
Liver Trouble										
Low Blood Pressure										
Migraine										
Neck Pain										
Nervousness										
Neuritis										
Neuralgia										
Pinched Nerves										
Scoliosis										
Shoulder Pain										
Sinus Trouble										
Stomach Trouble										
Whiplash										
Other										

If any of your family members are deceased, please list their age at death and cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_