

FAMILY HEALTH HISTORY

Patient Name: _____ **Date:** _____

Please review the diseases and conditions listed below and indicate those that are current health problems of a family member by the designation C under his or her column. The designation P should be used to indicate a past problem. Circle the health conditions that pertain to yourself. Leave blank those spaces that do not apply.

Condition	Father	Mother	Spouse	Siblings	Children
Age: (or D)					
ADHD					
Allergies					
Arthritis					
Asthma					
Autism					
Back Trouble					
Bed Wetting					
Bursitis					
Cancer					
Chest Pain					
Colic					
Constipation					
Crohn's Disease					
Depression					
Diabetes					
Diarrhea					
Disc Problems					
Down Syndrome					
Ear Infection					
Emotion Issues					
Emphysema					
Epilepsy					
Headaches					
Migraines					
Heartburn					
Heart Trouble					
High Blood Press					
IBS					
Indigestion					
Infertility					
Insomnia					
Kidney Trouble					
Neck Pain					
Neuritis					
Nervousness					
Pinched Nerve					
Scoliosis					
Sinus Trouble					
Other					

Additional Comments:

Thank you!