

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 spaces, use the reverse side of this form. Circle your answers if your relatives live around this locality, as some hereditary conditions are affected by familiar climate.

CONDITION	FATHER	MOTHER	SPOUSE	BROTHER(S)	SISTER(S)	CHILDREN
	Age___	Age___	Age___	Age___ Age___	Age___ Age___	Age___ Age___ Age___
Arthritis						
Asthma - Hay Fever						
Back Trouble						
Bursitis						
Cancer						
Constipation						
Diabetes						
Disc Problem						
Emphysema						
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:
