# FAMILY HEALTH HISTORY

Many health problems are hereditary in nature and may be handed down generation after generation.

Patient: _____ Date: _____

Please review the below-listed diseases and conditions and indicate these 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 around this locality, as some hereditary conditions are affected by similar climate.

| **CONDITION** | **Father** | **Mother** | **Spouse** | **Sibling** | **Sibling** | **Sibling** | **Sibling** | **Child** | **Child** | **Child** | **Child** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Arthritis | | | | | | | | | | | |
| Asthma | | | | | | | | | | | |
| Back Trouble | | | | | | | | | | | |
| Bursitis | | | | | | | | | | | |
| Cancer | | | | | | | | | | | |
| Carpal Tunnel | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | |
| Disc Problems | | | | | | | | | | | |
| Ear Infections | | | | | | | | | | | |
| Headaches | | | | | | | | | | | |
| High Blood Pressure | | | | | | | | | | | |
| Insomnia | | | | | | | | | | | |
| Kidney Problems | | | | | | | | | | | |
| Liver Trouble | | | | | | | | | | | |
| Migraines | | | | | | | | | | | |
| Neck Pain | | | | | | | | | | | |
| Pinched Nerve | | | | | | | | | | | |
| Scoliosis | | | | | | | | | | | |
| Sinus Problems | | | | | | | | | | | |
| Stomach Problems | | | | | | | | | | | |
| Numbness arm/hand | | | | | | | | | | | |
| Numbness leg/feet | | | | | | | | | | | |
| Other: | | | | | | | | | | | |