

# FAMILY HEALTH HISTORY

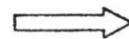
PATIENT NAME: \_\_\_\_\_

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. Leave blank those spaces that do not apply.

| Condition      | FATHER | MOTHER | SPOUSE | SIBLINGS |     | CHILDREN |     |     |
|----------------|--------|--------|--------|----------|-----|----------|-----|-----|
|                | AGE    | AGE    | AGE    | AGE      | AGE | AGE      | AGE | AGE |
| ADHD           |        |        |        |          |     |          |     |     |
| ALLERGIES      |        |        |        |          |     |          |     |     |
| ARTHRITIS      |        |        |        |          |     |          |     |     |
| ASTHMA         |        |        |        |          |     |          |     |     |
| AUTISM         |        |        |        |          |     |          |     |     |
| BACK TROUBLE   |        |        |        |          |     |          |     |     |
| BED WETTING    |        |        |        |          |     |          |     |     |
| BURSITIS       |        |        |        |          |     |          |     |     |
| CANCER         |        |        |        |          |     |          |     |     |
| CHEST PAIN     |        |        |        |          |     |          |     |     |
| COLIC          |        |        |        |          |     |          |     |     |
| COLITIS        |        |        |        |          |     |          |     |     |
| CONSTIPATION   |        |        |        |          |     |          |     |     |
| CROHN DISEASE  |        |        |        |          |     |          |     |     |
| DEPRESSION     |        |        |        |          |     |          |     |     |
| DIABETES       |        |        |        |          |     |          |     |     |
| DIARRHEA       |        |        |        |          |     |          |     |     |
| DISC PROBLEMS  |        |        |        |          |     |          |     |     |
| DOWN SYNDROME  |        |        |        |          |     |          |     |     |
| EAR INFECTIONS |        |        |        |          |     |          |     |     |
| EMOTION ISSUES |        |        |        |          |     |          |     |     |
| EMPHYSEMA      |        |        |        |          |     |          |     |     |
| EPILEPSY       |        |        |        |          |     |          |     |     |

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| Condition         | FATHER | MOTHER | SPOUSE | SIBLINGS |     | CHILDREN |     |     |
|-------------------|--------|--------|--------|----------|-----|----------|-----|-----|
|                   | AGE    | AGE    | AGE    | AGE      | AGE | AGE      | AGE | AGE |
| HEADACHES         |        |        |        |          |     |          |     |     |
| MIGRAINES         |        |        |        |          |     |          |     |     |
| HEARTBURN         |        |        |        |          |     |          |     |     |
| HEART TROUBLE     |        |        |        |          |     |          |     |     |
| HIGH BLOOD PRESS. |        |        |        |          |     |          |     |     |
| IBS               |        |        |        |          |     |          |     |     |
| INDIGESTION       |        |        |        |          |     |          |     |     |
| INFERTILITY       |        |        |        |          |     |          |     |     |
| INSOMNIA          |        |        |        |          |     |          |     |     |
| KIDNEY TROUBLE    |        |        |        |          |     |          |     |     |
| NECK PAIN         |        |        |        |          |     |          |     |     |
| NERVOUSNESS       |        |        |        |          |     |          |     |     |
| NEURITIS          |        |        |        |          |     |          |     |     |
| PINCHED NERVE     |        |        |        |          |     |          |     |     |
| SCOLIOSIS         |        |        |        |          |     |          |     |     |
| SINUS TROUBLE     |        |        |        |          |     |          |     |     |
| OTHER             |        |        |        |          |     |          |     |     |

ADDITIONAL COMMENTS:

THANK YOU!

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