

Family Health History

Patient: _____ Date: _____

Please review the below listed diseases and conditions 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. If you require more space use the reverse side of this form.

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										
Diabetes										
Disc Problems										
Emotional Problems										
Headaches										
Heart Trouble										
High Blood Pressure										
Kidney Trouble										
Migraine										
Nervousness										
Neuritis										
Pinched Nerves										
Scoliosis										
Sinus Trouble										
Stomach Trouble										
Other:										

If any of the above family members are deceased, please list their age at death cause _____
