## 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 |     | -   | Child |     |
|------------------|--------|--------|--------|----------|-----|-----|-------|-----|
|                  | Age    | Age    | Age    | Age      | Age | Age | Age   | Age |
| ADHD             |        |        |        |          |     |     |       |     |
| Allergies        |        |        |        |          |     |     |       |     |
| Arthritis        |        |        |        |          |     |     |       |     |
| Asthma           |        |        |        |          |     |     |       |     |
| Autism           |        |        |        |          |     |     |       |     |
| Back Trouble     |        |        |        |          |     |     |       |     |
| Bed Wetting      |        |        |        |          |     |     |       |     |
| Bursitis         |        |        |        |          |     |     |       |     |
| Cancer           |        |        |        |          |     |     |       |     |
| Chest Pain       |        |        |        |          |     |     |       |     |
| Colic            |        |        |        |          |     |     |       |     |
| Constipation     |        |        |        |          |     |     |       |     |
| Crohn 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            |        |        |        |          |     |     |       |     |
| Uther            |        |        |        |          |     |     |       |     |
|                  |        |        |        |          |     |     |       |     |
| Additional Comme | nts:   |        |        |          |     |     |       |     |
|                  |        |        |        |          |     |     |       |     |
|                  |        |        |        |          |     |     |       |     |
|                  |        |        |        |          |     |     |       |     |
|                  |        |        |        |          |     |     |       |     |