

FAMILY HEALTH HISTORY

Patient's Name _____

Date _____

Because subluxations tend to run in families & in people who do similar activities, this form will help us better understand your case. For the diseases/conditions listed below, indicate those that are **CURRENT** health problems of a family member by placing a **C** under his/her column. To indicate a **PAST** problem, place a **P** under his/her column. Leave blank those spaces that do not apply. If you require more space, use the reverse side of this form. If any family members are deceased, please list at the bottom of this page their age at death & cause.

CONDITION	MOTHER	FATHER	SPOUSE	BROTHER(s)		SISTER(s)		CHILDREN		
	AGE ____	AGE ____	AGE ____	AGE ____	AGE ____	AGE ____	AGE ____	AGE ____	AGE ____	AGE ____
Allergies										
Arthritis										
Asthma										
Back or Disc problems										
Cancer										
Colds/Flu (frequent)										
Constipation										
Crohn's disease or Colitis										
Diabetes										
Ear Infections										
Emotional problems										
Headaches/ Migraines										
Heart trouble										
High blood pressure										
Indigestion										
Kidney trouble										
Liver trouble										
Menstrual cramps										
Muscular/ Joint disorders										
Neck trouble										
Pinched nerve										
Scoliosis										
Sinus trouble										
Sleep loss										
Stress										
Thyroid problems										
Other:										

If any of the above family members are deceased, please list (below) their age at death & cause: