

Family Health History

CONDITION	Father Age	Mother Age	Spouse Age	Brother Age	Brother Age	Sister Age	Sister Age	Child Age	Child Age	Child Age	Child Age
Allergies/asthma	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Arthritis	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Back Problems	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Cancer	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Digestion Problems	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Dizziness	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Headaches	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
High Blood Pressure	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Heart Trouble	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Neck Pain	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Numbness	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Ringing in Ears	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Shoulder Pain	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Sleeping Problems	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Stomach Problems	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
Other:	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P
	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P	C P

C=Current Health Problem P=Past Health Problem

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