

FAMILY HEALTH HISTORY

Many health problems are hereditary and may be handed down from one generation to the next.

Patient Name: _____

Please review the below listed diseases and conditions and indicate those that are current health problems of a family member. Leave blank those spaces that do not apply. If you require more space, use the reverse side of this form.

| CONDITION: | Father | Mother | Spouse | Siblings | Children |
|---------------------|--------|--------|--------|----------|----------|
| Arthritis | | | | | |
| Asthma / Hay fever | | | | | |
| Back Trouble | | | | | |
| Bursitis | | | | | |
| Cancer | | | | | |
| Constipation | | | | | |
| Diabetes | | | | | |
| Disc problems | | | | | |
| Emphysema | | | | | |
| Epilepsy | | | | | |
| Headache | | | | | |
| Heart trouble | | | | | |
| High Blood Pressure | | | | | |
| Insomnia | | | | | |
| Kidney trouble | | | | | |
| Liver trouble | | | | | |
| Migraine | | | | | |
| Nervousness | | | | | |
| Neuritis | | | | | |
| Pinched nerve | | | | | |
| Scoliosis | | | | | |
| Sinus trouble | | | | | |
| Stomach trouble | | | | | |
| Other: | | | | | |

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

Thank you very much for your cooperation in this matter.

George C. Anthon, Jr., D.C.