

Family Health History

	Mother	Father	Brother	Sister	Spouse	Child Age _____	Child Age _____	Child Age _____
Arthritis								
Asthma / Emphysema								
Back Pain /Disc Problem								
Cancer								
Diabetes								
Headaches / Migraine								
High Blood Pressure								
High Cholesterol								
Heart Condition								
Insomnia / Nervousness								
Kidney or Liver Condition								
Obesity								
Pinched Nerve								
Poor Circulation								
Scoliosis								
Allergies								
Frequent Colds / Infections								
Ear Infections								
Depression								
Digestive Problems								
Fibromyalgia								
Loss of Balance								
Numbness								
Osteoporosis								
Sinus Problems								
Urinary Tract Infections								
Enuresis / Bed Wetting								
ADD / ADHD								