Waterbury Chiropractic Wellness

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 the appropriate column. The designation **P** should be used to indicate a past problem. Leave blank those spaces that do not apply. If you require more space, use the reverse side of this form.

CONDITION	FATHER AGE ___	MOTHER AGE ___	SPOUSE AGE ___	☐BROTHER ☐SISTER AGE ___	☐BROTHER ☐SISTER AGE ___	☐BROTHER ☐SISTER AGE ___	CHILD AGE ___	CHILD AGE ___	CHILD AGE ___
ARTHRITIS									
ALLERGIES									
ASTHMA									
BACK TROUBLE									
BURSITIS									
CANCER									
CONSTIPATION									
COPD									
DIABETES									
DISC PROBLEM									
EMOTIONAL PROBLEMS									
EMPHYSEMA									
EPILEPSY									
HEADACHES									
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

_____ _____

_____ _____