

Please review the below-listed diseases and conditions and indicate those that are current health problems of a family member. Leave those blank that do not apply.

CONDITION	Father AGE ()	Mother AGE ()	Spouse AGE ()	Brothers AGE ()	Sisters AGE ()	Children AGE ()
Arthritis						
Asthma/Allergies						
Back Trouble						
Bursitis						
Cancer						
Constipation						
Diabetes						
Disc Problems						
Emphysema						
Epilepsy						
Headaches						
Heart Trouble						
High Blood Pressure						
Insomnia						
Kidney Trouble						
Liver Trouble						
Migraine						
Neuritis						
Pinched Nerve						
Scoliosis						
Sinus Trouble						
Stomach Trouble						
Other						

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

Patient
 Signature: _____