DRs. BRIMMELL & RUSSAK **SUPERIOR CHIROPRACTIC**
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FAMILY HEALTH HISTORY

Patient Name: _____ **Date:** _____

Please review the diseases and conditions listed below and indicate those that are current health problems with **C** in the column. Put a **P** to indicate a past problem. Leave blank those spaces that do not apply.

Condition	Self	Father	Mother	Spouse	Siblings	Children
		Age	Age	Age	Age Age	Age Age Age
ADHD						
Allergies						
Arthritis						
Asthma						
Autism						
Back Trouble						
Bed Wetting						
Bursitis						
Cancer						
Chest Pain						
Colic						
Constipation						
Crohn Disease						
Depression						
Diabetes						
Diarrhea						
Disc Problems						
Down Syndrome						
Ear Infection						
Emotion Issues						
Emphysema						
Epilepsy						
Headaches						
Migraines						
Heartburn						
Heart Trouble						
High Blood Pressure						
IBS						
Indigestion						
Infertility						
Insomnia						
Kidney Trouble						
Neck Pain						
Neuritis						
Nervousness						
Pinched Nerve						
Scoliosis						
Sinus Trouble						
Other						