DRS. BRIMMELL/RUSSAK/MORGAN/STEFANATO **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									