*Dr. S.BRIMMELL, D.C./DR. D.MORGAN, D.C.* **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 of a family member by the designation C under his or her column. The designation P should be used 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 | | | | | | | | | |