

# ***FAMILY HEALTH HISTORY***

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Occasionally, a patient's spinal weaknesses and their pre- disposition to vertebral subluxations are affected by hereditary considerations or their family's lifestyles.**

**Please help us to better understand your family history (and how it may impact your response to chiropractic care) by completing the information below:**

Please check the appropriate boxes

<b>CONDITIONS</b>	<b>SPOUSE</b>	<b>FATHER</b>	<b>MOTHER</b>	<b>BROTHER</b>	<b>SISTER</b>	<b>CHILD</b>	<b>CHILD</b>
Headaches							
Sinus Problems							
Allergies							
Neck Pain							
Hand/Arm							
Mid-Back							
Chest Pain							
Low Back							
Hip Problems							
Leg Pain							
Nervousness							
Arthritis							
Neuritis							
Throat							
Muscle Pain							
Lungs							
Stomach							
Spinal Curvature							
Muscle Spasm							
Female Problems							
Numbness							
Thyroid Problems							
Joint Pain							
Eating Disorders							
Fibromyalgia							
Chronic Fatigue							
Heart Disease							