Family Health History

Condition	Self [age]	Father [age]	Mother (age)	Brother(s) [age] [age]		Sister(s) [age] [age]		Grandparents [age] [age]		Spouse [age]	Children [age] [age]	
Arthritis												
Asthma									***************************************			
Back trouble												
Heart Attack									<u> </u>			
Cancer												
Constipation									•••••		***************************************	
Diabetes												
Disc Problems												
Emphysema	***************************************		·								***************************************	
Epilepsy												
Headaches												
Heart Trouble											***************************************	
High Blood Pressure												
Insomnia												
Kidney Trouble		***************************************									***************************************	
Liver Trouble											·····	
Migraine												
Stroke			***************************************									
Neuritis												
Neuralgia				***************************************			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Pinched Nerve				***************************************								
Scoliosis												
Sinus Frouble												
Stomach ssue											***************************************	