

Family Health History Assessment

| Family Health History | | | | | | | | | | | | |
|--|--------|--------|------------|-----------|----------|----------------------|----------------------|----------------------|----------------------|-------|--------|-------|
| Place a checkmark for any health problem(s) your family has suffered with, either now or in the past | | | | | | | | | | | | |
| Check Family Members that Apply | Father | Mother | Brother(s) | Sister(s) | Children | Maternal Grandmother | Maternal Grandfather | Paternal Grandmother | Paternal Grandfather | Aunts | Uncles | Other |
| Age (if still alive) | | | | | | | | | | | | |
| Age at death (if deceased) | | | | | | | | | | | | |
| ADD/ADHD | | | | | | | | | | | | |
| ALS or other motor neuron diseases | | | | | | | | | | | | |
| Alzheimer's | | | | | | | | | | | | |
| Anemia | | | | | | | | | | | | |
| Anxiety | | | | | | | | | | | | |
| Arthritis | | | | | | | | | | | | |
| Asthma | | | | | | | | | | | | |
| Autism | | | | | | | | | | | | |
| Autoimmune diseases (such as Lupus) | | | | | | | | | | | | |
| Bipolar disease | | | | | | | | | | | | |
| Bladder disease | | | | | | | | | | | | |
| Blood clotting problems | | | | | | | | | | | | |
| Cancer: Breast | | | | | | | | | | | | |
| Cancer: Colon | | | | | | | | | | | | |
| Cancer: Ovarian | | | | | | | | | | | | |
| Cancer: Prostate | | | | | | | | | | | | |
| Cancer: Skin | | | | | | | | | | | | |
| Cancer: Uterine | | | | | | | | | | | | |
| Celiac disease | | | | | | | | | | | | |

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|---|---------------|---------------|-------------------|------------------|-----------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------|---------------|--------------|
| Dementia | | | | | | | | | | | | |
| Depression | | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | |
| Eczema | | | | | | | | | | | | |
| Emphysema | | | | | | | | | | | | |
| Environmental sensitivities | | | | | | | | | | | | |
| Epilepsy | | | | | | | | | | | | |
| Flu | | | | | | | | | | | | |
| Food allergies, sensitivities, intolerances | | | | | | | | | | | | |
| Genetic disorders | | | | | | | | | | | | |
| Glaucoma | | | | | | | | | | | | |
| Headache | | | | | | | | | | | | |
| Heart attack | | | | | | | | | | | | |
| Heart disease | | | | | | | | | | | | |
| High blood pressure | | | | | | | | | | | | |
| High cholesterol | | | | | | | | | | | | |
| Inflammatory arthritis (Rheumatoid, psoriatic, ankylosing spondylitis) | | | | | | | | | | | | |
| Inflammatory bowel disease | | | | | | | | | | | | |
| Insomnia | | | | | | | | | | | | |
| Irritable bowel syndrome | | | | | | | | | | | | |
| Kidney disease | | | | | | | | | | | | |

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|--|---------------|---------------|-------------------|------------------|-----------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------|---------------|--------------|
| Multiple Sclerosis | | | | | | | | | | | | |
| Nervous breakdown | | | | | | | | | | | | |
| Obesity | | | | | | | | | | | | |
| Osteoporosis | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Parkinson's | | | | | | | | | | | | |
| Pneumonia / bronchitis | | | | | | | | | | | | |
| Psoriasis | | | | | | | | | | | | |
| Psychiatric disorders | | | | | | | | | | | | |
| Schizophrenia | | | | | | | | | | | | |
| Sleep apnea | | | | | | | | | | | | |
| Smoking addiction | | | | | | | | | | | | |
| Stroke | | | | | | | | | | | | |
| Substance abuse (such as alcoholism) | | | | | | | | | | | | |
| Ulcers | | | | | | | | | | | | |

Any other family history we should know about? Yes No

Anything else we should know? Please comment: