MATOSHKO
Chiropractic Clinic, LLC

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FAMILY HEALTH HISTORY

Patient Name: ______________________________ Date: ______________

Please review the below listed diseases and conditions and indicate those that are current health problems of a family member by the designation "C" under his/her column. The designation "P" should be used to indicate a past health problem. Leave blank those spaces that do not apply. If you require more space, us the reverse side of this form.

CONDITION	Father	Mother	Spouse	Brother(s)	Sister(s)	Children		
	Age: ____	Age: ____	Age: ____	Age: ____	Age: ____	Age: ____	Age: ____	Age: ____
Arthritis								
Asthma/Hay Fever								
Back Pain								
Bursitis								
Cancer								
Constipation								
Diabetes								
Disc Problems								
Emphysema								
Epilepsy								
Headaches								
Heart Problems								
High Blood Pressure								
Insomnia								
Kidney Trouble								
Liver Trouble								
Migraines								
Nervousness								
Neuritis								
Pinched Nerve								
Scoliosis								
Sinus Trouble								
Stomach Trouble								
Other:								

If any of the above family members are deceased, please list their age at death and cause: ______________

COMPONENT	PRIMARY COMPLAINT	SECONDARY COMPLAINT	TERTIARY COMPLAINT	ADDITIONAL COMPLAINT
SYMPTOMS	Headache Neck Pain Left Right Arm Pain Mid Upper Back Pain Low Back Pain Hip Pain Left Right Leg Pain	Headache Neck Pain Left Right Arm Pain Mid Upper Back Pain Low Back Pain Hip Pain Left Right Leg Pain	Headache Neck Pain Left Right Arm Pain Mid Upper Back Pain Low Back Pain Hip Pain Left Right Leg Pain	Headache Neck Pain Left Right Arm Pain Mid Upper Back Pain Low Back Pain Hip Pain Left Right Leg Pain
SEVERITY	Mild Moderate Severe	Mild Moderate Severe	Mild Moderate Severe	Mild Moderate Severe