Waunakee Chiropractic, LLC
1024 Quinn Drive
Waunakee, WI 53597

Family Health History

Select all choices that apply to your family (please do not include relations by marriage).

Name:_____ **Today's Date:** _____

	Mother	Father	Sibling	Cousins	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Congestive Heart Failure	☐	☐	☐	☐	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Bronchitis	☐	☐	☐	☐	☐	☐	☐	☐
Blindness*	☐	☐	☐	☐	☐	☐	☐	☐
Deafness*	☐	☐	☐	☐	☐	☐	☐	☐
Diabetes Type 1	☐	☐	☐	☐	☐	☐	☐	☐
Diabetes Type 2	☐	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐	☐
Ulcers or GI Bleeding	☐	☐	☐	☐	☐	☐	☐	☐
Arthritis or Rheumatism	☐	☐	☐	☐	☐	☐	☐	☐
Sciatica/Chronic Back Pain	☐	☐	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐
Angina	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐	☐	☐	☐	☐
Seizures	☐	☐	☐	☐	☐	☐	☐	☐
Others:								
_____	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐
Relatives Still Living	__	__	__	__	__	__	__	__
Relatives in Good Health	☐	☐	☐	☐	☐	☐	☐	☐

***Blindness was caused by:**
☐ Cataracts ☐ Glaucoma
☐ Congenital absence of ability ☐ Trauma

***Deafness was caused by :**
☐ Congenital absence of ability ☐ Otic Cancer
☐ Meniere's Disease ☐ Trauma

Patient family history is negative for the following:

☐ Cancer ☐ Stroke ☐ Liver Dysfunction
☐ Diabetes ☐ High Blood Pressure ☐ Kidney Pathologies
☐ Thyroid Disorders ☐ Asthma
☐ Heart Disease ☐ Seizures ☐ **All Of The Above**

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature: _____