

**FAMILY HISTORY:** For each member of the **PATIENT'S** family, follow the line across the page and place an X in the boxes for: 1. Their present state of health, and 2. Any illnesses they have had.

(Note: Family refers to <b>blood</b> or <b>natural</b> relatives.)  Write Names Below Family Relation Titles	Good Health	Poor Health	Deceased	Write in age and cause of death, (including accidents and suicides)	ADD/ADHD	Alcoholism/ Substance Abuse	Asthma	Alzheimer's or Dementia	Anemia	Anxiety	Autoimmune Problems	Arthritis	Autism	Blood Clotting Problems	Cancer	Celiac Disease	Crohn's/ Ulcerative Colitis	Depression	Diabetes	Eczema	Epilepsy/ Seizures	Food allergies	Hay Fever/ Allergies	Heart Disease	High Blood Pressure	Irritable Bowel Syndrome	Learning Problems	Milk/Casein Sensitivity	Obesity	Parkinson's Disease	Psychiatric Illness	Stroke	Thyroid Problems	Wheat/Gluten Sensitivity	Yeast Problems	
	Patient's Father:																																			
Patient's Mother:																																				
Patient's Siblings:																																				
Maternal Grandmother:																																				
Maternal Grandfather:																																				
Paternal Grandmother:																																				
Paternal Grandfather:																																				
Maternal Aunts:																																				
Maternal Uncles:																																				
Paternal Aunts:																																				
Paternal Uncles:																																				
Paternal relatives (in each box, write in how many affected with condition):																																				
Maternal relatives (in each box, write in how many affected with condition):																																				

Please list any additional medical problems that run in the patient's family that are not listed above, including which family member is affected: