

Wheelock Chiropractic Family History

Patient _____

Is biological mother alive? _____

If no, what did she pass away from and when? _____

Is biological father still alive? _____

If no, what did he pass away from and when? _____

		Mother	Father	Siblings
Hypertension	No	Yes	Yes	Yes
Coronary Disease	No	Yes	Yes	Yes
Stroke	No	Yes	Yes	Yes
Emboli	No	Yes	Yes	Yes
Diabetes	No	Yes	Yes	Yes
Thyroid	No	Yes	Yes	Yes
Renal Disease	No	Yes	Yes	Yes
Cancer	No	Yes	Yes	Yes
Tuberculosis	No	Yes	Yes	Yes
Lung Disease	No	Yes	Yes	Yes
Seizure Disorders	No	Yes	Yes	Yes
Alcohol/drug addiction	No	Yes	Yes	Yes

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