# FAMILY MEDICAL HISTORY

The Hills Medical Group
**THE CENTER FOR HEALTH AND HEALING**

**PATIENT** ______________________________

| | **CONDITION** Check all that apply | **RELATIVE/S** Beside each condition print anyone in the family who has/had the disorder. (i.e. Mother/ Father/ Sibling/s /Mother's mother/ Mother's Father/ Father's mother/ Father' father/ 1st cousin/etc.) |
|---|---|---|
| | ADD/ADHD | |
| | Alcohol Abuse / Drug Abuse | |
| | Allergy to Milk | |
| | Allergy to Wheat | |
| | Alzheimer's Disease | |
| | Anemia | |
| | Asperger's Syndrome | |
| | Asthma | |
| | Autistic Spectrum Disorder | |
| | Auto-immune Problems | |
| | Bipolar Disorder | |
| | Breathing Problems | |
| | Bronchitis | |
| | Cancer--please specify type | |
| | Celiac Disease | |
| | Cough | |
| | Crohn's Disease | |
| | Depression | |
| | Diabetes | |
| | Ear Infections | |
| | Eating Disorder | |
| | Eczema | |

| | **CONDITION**<br>Check all that apply | **RELATIVE/S**<br>Beside each condition print anyone in the family who has/had the disorder.<br>(i.e. Mother/ Father/ Sibling/s /Mother's mother/ Mother's Father/ Father's mother/ Father' father/ 1st cousin/etc.) |
|---|---|---|
| | Fungal Infections | |
| | Gluten Intolerance | |
| | Headaches / Migraines | |
| | Heart Disease | |
| | Hives | |
| | Insomnia | |
| | Irritable / Inflammatory Bowels | |
| | Learning Disability | |
| | Light Sensitivity | |
| | Manic Depressive | |
| | Mood Swings | |
| | Night Vision Problems | |
| | Obsessive Compulsive Disorder | |
| | Panic Attacks | |
| | Psoriasis | |
| | Reflux / Heart Burn | |
| | Schizophrenia | |
| | Seasonal Allergies | |
| | Sinusitis | |
| | Speech Delay | |
| | Stomach Problems | |
| | Stroke | |
| | Surgeries--please specify | |
| | Thyroid Problems | |