COLUMBIA BASIN CHIROPRACTIC

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FAMILY HEALTH HISTORY

Occasionally patient's health problems and treatment response are affected by hereditary or family related spinal weaknesses. Please help us to better understand your spine and how you might respond to treatment by completing the information below for all family members. Please return on your next visit.

Patient Name:_____

ILLNESS	SELF	SPOUSE	FATHER	MOTHER	CHILD	CHILD	OTHER FAMILY	OTHER FAMILY
Headaches								
Sinus								
Allergies								
Neck Pain								
Shoulder Pain								
Arm/hand Pain								
Mid-Back Pain								
Low Back Pain								
Hip Pain								
Leg Pain or Numbness								
Nervousness								
Tiredness								
Neuritis								
Throat Problems								
Stiff Neck orBack								
Asthma								
Ulcers/ digestive								
Diabetes								
Low or High Blood Pressure								
Muscle cramps								
Menstrual Difficulties								
Cold Hands or Feet								
Thyroid								
Other								