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FAMILY HEALTH JOURNAL

Many health problems are hereditary in nature and may be handed down generation after generation.

Patient Name								
Kindly review the following list of disabilities and indicate which are current or past health problems of a family member by checking the appropriate box.								
Family Member	Father	Mother	Spouse	Brother(s	Sister(s)	Children	Children	Children
Name						1		
Age								
Condition	1							
Arthritis				-				
Asthma-Hay								P
Fever								
Back Trouble								
Bursitis							-	
Cancer					-			
Constipation	_							
Depression								
Diabetes						0		
Disc Problem							_	1
Emphysema								
Epilepsy								
Headaches			-					
Heart Disease								
High Blood					(
Pressure			v					
Insomnia						,		· ·
Kidney Disease								
Liver Disease					4			
Lung Disease								
Lymph Disease								
Migraine								
Nervousness			•					
Neuritis		_						
Neuralgia						II		
Pinched Nerve								
Scoliosis				,				
Sinus Trouble	>							,
Stomach Trouble					1 "			
Other:			-				1	

If any aforementioned family members are deceased please list their age at death and cause_____