

Family History Please circle any body part involved that apply and what relationship they have to you:

Brain	Ears	Thyroid	Heart Disease, Cardiovascular Disease
Nerves	Nose	Blood sugar	Blood Pressure, high or low
Strength	Throat	Obesity	Stomach concerns, pain, maldigestion
Sensation	Balance	Anorexia	Intestinal pain or diagnoses, Ulcerative Colitis, Crohn's
Gait abnormalities	Hearing	Fatigue	Sexual organ
Skin diagnoses	Mental health	Auto-immune	Insomnia
Breasts	Arms, Legs, Hands, Feet	Genetic syndromes	Cancer

Please describe:

Please describe quality of relationship with family members: