

FAMILY HISTORY

CHILD'S NAME: _____
LAST FIRST M.I.

DOB: _____

MOTHER (BIOLOGICAL): _____ DOB: _____

FATHER (BIOLOGICAL): _____ DOB: _____

SIBLINGS

NAME: _____ DOB: _____

MEDICAL PROBLEMS: _____

NAME: _____ DOB: _____

MEDICAL PROBLEMS: _____

NAME: _____ DOB: _____

MEDICAL PROBLEMS: _____

NAME: _____ DOB: _____

MEDICAL PROBLEMS: _____

MEDICAL PROBLEMS IN FAMILY: (PLEASE INDICATE AFFECTED FAMILY MEMBER)

M-MOTHER **F**-FATHER **MGM**-MATERNAL GRANDMOTHER **MGF**-MATERNAL GRANDFATHER

PGM-PATERNAL GRANDMOTHER **PGF**-PATERNAL GRANDFATHER **MA**-MATERNAL AUNT **B**-

MATERNAL UNCLE PA-PATERNAL AUNT **PU**-PATERNAL UNCLE

ANEMIA _____

ALLERGIES _____

ARTHRITIS _____

ASTHMA _____

BLINDNESS _____

CANCER (PLEASE INDICATE TYPE) _____

CATARACTS _____

CHEMICAL DEPENDENCIES _____

CONGENITAL ABNORMALITIES _____

DEAFNESS _____

DIABETES _____

EATING DISORDER _____

ECZEMA _____

EPILEPSY/SEIZURES _____

EXCESSIVE BLEEDING _____

HEART DISEASE _____

HEART MURMUR _____

HIGH BLOOD PRESSURE _____

HIGH CHOLESTEROL _____

JAUNDICE _____

LACTOSE INTOLERANCE _____

MIGRAINES _____

PSYCHIATRICS DISORDER _____

RHEUMATIC FEVER _____

SUDDEN DEATH _____

THYROID DISORDER _____

OTHER _____