

Patient's name: _____ Today's date _____

Family history

Please indicate if any of the following health conditions have happened in birth relatives of your child.

Include cousins, aunts, uncles, grandparents, siblings, and parents. Please feel free to add any details that you believe are important. It is helpful if you can indicate the relationship of the affected person to your child (i.e. "grandmother" or "uncle").

- Asthma, cystic fibrosis, or other lung disease
- Heart disease or heart condition, heart attacks in people younger than 55
- SIDS, sudden death, or long QT syndrome
- High blood pressure
- High cholesterol
- Diabetes (indicate type I or type II if possible)
- Thyroid disease
- Cancer
- Anemia
- Bleeding disorders (hemophilia, factor V, von Willebrand's)
- Epilepsy or convulsions
- Developmental disorders
- ADHD or neurologic problems
- Liver disease
- Other gastrointestinal problems (celiac disease, Crohn's disease, ulcerative colitis)
- Kidney disease
- Bedwetting after 10 years of age
- Hearing loss in childhood
- Significant visual impairment or eye disorder
- Immune problems, recurrent infections or HIV/AIDS
- Lupus or rheumatoid arthritis
- Alcohol abuse
- Drug abuse
- Mental illness (depression, schizophrenia, bipolar, anxiety)
- Eating disorders
- Tuberculosis
- Bone problems or scoliosis
- Other (feel free to include anything you think is important)