Family History

	Name	Age/Height/Weight	Condition of Health	Occupation
Mother				
Father				
Siblings				

Please list relationships of immediate or extended family members who have the following problems:

Allergies: _____

Asthma: _____

Blood disorders, including Sickle Cell: _____

Birth defects: _____

Bleeding problems: _____

Convulsions or epilepsy: _____

Cystic Fibrosis: _____

Diabetes (adult or childhood): _____

Heart disease in children: _____

Heart disease in adults under 55 years:

Heart attacks: _____ Hardening of the arteries: _____

Strokes: _____ Heart bypass: _____

Angina: _____

High cholesterol (over 240 or on medication): _____

High blood pressure: _____

Mental retardation: _____

Migraine headaches: _____

Thyroid disease: _____

Tuberculosis: _____

Other: _____

Does your child have a history of the following problems?
(Now or in the past)

- ❒ Allergy, hay fever, or sinus problems
- ❒ Asthma, wheezing, or shortness of breath
- ❒ Bronchitis or pneumonia
- ❒ Chronic cough
- ❒ Frequent ear infections
  (How many?_____Needed PE tubes?_____)
- ❒ Frequent throat infections, tonsillitis, or colds
- ❒ Hearing problems
- ❒ Heart murmur or other heart problems
- ❒ Convulsion, febrile seizure, or staring spells
- ❒ Head injury or concussion
- ❒ Unusual clumsiness
- ❒ Eating problems
- ❒ Excessive sweating
- ❒ Excessive thirst
- ❒ Growth problems or weight loss
- ❒ Abdominal pain, chronic
- ❒ Bloody or tarry stools
- ❒ Constipation or diarrhea
- ❒ Vomiting or nausea, chronic
- ❒ Anemia
- ❒ Easy bleeding or bruising
- ❒ Sickle cell trait or disease
- ❒ Chickenpox
- ❒ Measles
- ❒ Exposure to tuberculosis
- ❒ Frequent unexplained fever
- ❒ Deformity or swelling of limbs
- ❒ Urinary tract or bladder infections
- ❒ Frequent or painful urination
- ❒ Eczema or other skin problems