



## Family Medical History

Today's Date \_\_\_\_\_

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Referred by \_\_\_\_\_  
 Mother's name \_\_\_\_\_ Age \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Father's name \_\_\_\_\_ Age \_\_\_\_\_  
 Occupation \_\_\_\_\_

Family Medical History: Concerning illnesses or medical conditions of family members (not your child), please think about your child's brother, sister, parents, grandparents, aunts, and uncles. Do any of those family members have any of the following conditions? You may use following abbreviations if you like:

**M**=mother, **F**=father, **GM**=grandmother, **GF**=grandfather, **B**=brother, **S**=sister, **A**=aunts, **U**=uncle

Medical Condition			Relationship to Your Child
Hip problems or dislocated hip at birth?	Y	N	
Complete deafness or hearing loss before age of 10?	Y	N	
Vision problems under age of 8?	Y	N	
Developmental delay?	Y	N	
Premature death in the family?	Y	N	
Deaths in infants or young children?	Y	N	
Severe allergies or hay fever?	Y	N	
Asthma or recurrent wheezing?	Y	N	
Seizure or diseases of nerves or muscles?	Y	N	
Migraine headaches?	Y	N	
Cancers before age 40 (note type)?	Y	N	
High blood pressure?	Y	N	
Heart attacks / strokes, pacemaker or any other heart problems before age 50?	Y	N	
High cholesterol (above 240 mg/dl)?	Y	N	
Thyroid or other endocrine problem?	Y	N	
Inflammatory bowel or serious bowel disease?	Y	N	
Major depression / psychiatric problem (note type)?	Y	N	
Attention deficit disorder or learning problems?	Y	N	
Bleeding problems?	Y	N	
Kidney problems?	Y	N	
Any other problems of importance?	Y	N	