

FAMILY MEDICAL HISTORY

Patient Name _____

Check the following conditions if present in your family, list the person's relationship to your child and provide whatever details you can.

- Asthma _____
- Allergies _____
- Hearing Loss _____
- High cholesterol - requiring medication _____
- Diabetes - Insulin Dependent _____
- Sudden death in persons < 40 yrs _____
- Heart disease(incl. strokes) in persons < 65 yrs _____
- Heart disease as a child _____
- Hip problems in childhood _____
- High blood pressure _____
- Celiac disease _____
- Cystic fibrosis _____
- Visual problems/glasses in childhood _____
- Tuberculosis contacts _____
- Seizure disorder _____
- Skin cancer (type) _____
- Psychiatric disorder _____
- Neurologic disorder(incl. ADHD) _____
- Kidney disease _____