

FAMILY HISTORY:

_____ This child is adopted

Condition	Mom	Dad	Sibling	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Other	Notes
Allergies (meds, food, environment)									
Asthma									
Anesthesia reactions									
Birth defects									
Bladder/kidney disease or infections									
Bleeding/ clotting disorders									
Bowel (ulcer, colitis)									
Cancer (type)									
Chemical problems/dependency									
Diabetes Mellitus									
Ear problems/ infections									
Eczema/ skin conditions									
Hearing problems									
Heart problems (heart attack, murmur)									
High blood pressure/ stroke									
High cholesterol									
Learning delays									
Lung problems (CF, tuberculosis)									
Depression, anxiety, ADHD, other mental health conditions									
Obesity									
Seizure disorder									
Sickle Cell									
Thyroid problems (high or low)									
Vision problems (blind, lazy eye)									
Any other condition or unusual diseases not mentioned									

SOCIAL INFORMATION: Patient lives with: (circle): mom dad siblings grandparent