



Patient Name: _____ Today's Date: _____

FAMILY HISTORY

Please check any of the following conditions that have occurred in birth relatives of your child. Include cousins, aunts, uncles, grandparents, siblings, and parents. We will discuss this at your child's next well exam.

- Asthma, Cystic Fibrosis, or Other Lung Disease
- Attention Deficit Disorder
- Babies Born with Cleft Palate, Heart Problems, or Birth Defects
- Bipolar Disease (manic-depressive) or Schizophrenia
- Cancer
- Crossed Eyes
- Depression
- Diabetes
- Eating Disorders
- Eczema
- Hearing Loss or Hearing Aids as a Child
- Heart Attacks in Relatives Younger than 55 or High Cholesterol
- High Blood Pressure
- Kidney Problems or Need for Kidney Dialysis
- Legal Blindness or Eye Condition
- Liver Failure or Hepatitis
- Lupus or Rheumatoid Arthritis
- Problems with Drugs or Alcohol
- Scoliosis
- Seasonal Allergies, Hay Fever
- Seizures, Learn Disorders, or Mental Retardation

Serious Bowel Problems, Ulcerative Colitis, or Crohn's Disease

Sudden Infant Death, Sudden Death, or "Long QT Syndrome"

Ulcers

Other _____