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# Family History

Please fill-out the following list as accurately as possible to help us create a thorough electronic medical record of your child/minor.

Name of Child/Minor: _____ Birthdate: _____

**DIRECTIONS**

1. Has anyone in your child's/minor's biological family had any of the following?
   *Please designate **each row** with a check in either the "Yes" or "No" column.*
2. **If yes**, what is their relationship to your child/minor?
   *Please list how they are related to your child/minor in any of the last three columns.*

| | Yes | No | Sibling(s) | Mother's Side | Father's Side |
|---|---|---|---|---|---|
| **EXAMPLE: Asthma** | ✓ | | RELATIONSHIP TO PATIENT: **Sister** | RELATIONSHIP TO PATIENT: **Uncle** | RELATIONSHIP TO PATIENT: **Grandmother** |
| **EXAMPLE: Arthritis** | | ✓ | | | |
| "Lazy eye" or amblyopia (children who required eye patching or glasses at age 5 years) | | | | | |
| ADHD/ADD | | | | | |
| Alcohol abuse | | | | | |
| Anemia | | | | | |
| Arthritis | | | | | |
| Asthma | | | | | |
| Bed-wetting (after 5 years of age) | | | | | |
| Bleeding disorders | | | | | |
| Bowel disease | | | | | |
| Cancer | | | | | |
| Celiac disease | | | | | |
| Clotting disorder | | | | | |
| Crib Death (SIDS) | | | | | |
| Cystic fibrosis | | | | | |
| Diabetes in adults | | | | | |
| Diabetes in children | | | | | |
| Drug abuse | | | | | |
| Epilepsy or convulsions | | | | | |
| Hearing impairment | | | | | |

**Please continue on back side →**

| | Yes | No | Sibling(s) | Mother's Side | Father's Side |
|---|---|---|---|---|---|
| Heart attack or stroke before age 60 | | | | | |
| Heart disease or heart condition that required a pacemaker or implanted defibrillator | | | | | |
| High blood pressure | | | | | |
| High cholesterol | | | | | |
| Hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy | | | | | |
| Immune problems, recurrent infections, or HIV/AIDS | | | | | |
| Infants born with heart problems | | | | | |
| Kidney disease | | | | | |
| Learning problems in children | | | | | |
| Liver disease | | | | | |
| Lupus | | | | | |
| Mental illness | | | | | |
| Mental retardation or developmental disorders | | | | | |
| Nasal allergies or other allergies | | | | | |
| Other GI disease/disorder | | | | | |
| Other Lung diseases | | | | | |
| Rheumatic fever | | | | | |
| Sudden, unexplained death before age 50 (including drowning & unexplained car accident) | | | | | |
| Thyroid problems | | | | | |
| Tuberculosis | | | | | |
| Unexplained seizures, unexplained fainting, or near drowning | | | | | |
| Vision impairment or eye disorder | | | | | |
| Other: _____ | | | | | |

Signature: _____

Your relationship to child/minor: _____

Date: _____