

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

## Family Health History

Have any of your child's parents, grandparents, aunts, uncles, brothers, or sisters ever had any of the following conditions?

Condition	No	Don't Know	Yes	Who?	Details (including age when it started)
Asthma					
Food, seasonal or environmental allergies					
Eczema or psoriasis					
Genetic heart problem such as long QT syndrome, Marfan syndrome, or hypertrophic cardiomyopathy					
Sudden death before age 50 years (including drowning, unexplained car accident or sudden infant death syndrome)					
Heart attack, heart-related death, coronary bypass surgery, stent placement or angioplasty (before age 55 years in men or 65 years in women)					
Stroke (before age 65 years)					
Implanted pacemaker or implanted defibrillator					
High blood pressure (before age 60 years)					
High cholesterol (in parent or sibling)					
Cancer (before age 55 years)					
Childhood hearing loss or eye/vision problems					
Dental decay or multiple cavities					
Anemia, thalassemia, sickle cell trait/disease or bleeding problems					
Diabetes, thyroid or other endocrine disorders					
Celiac disease, Crohn's disease or ulcerative colitis					
Lupus, rheumatoid arthritis or other autoimmune disease					
Kidney disease or liver disease					
ADHD, Autism, Learning Disabilities or other developmental disorders					
Depression, anxiety, alcohol/substance abuse or other mental health problems					
Other significant health problems or known genetic disorders					
Unknown due to adoption or other reason (mom's, dad's or both sides)					

Initials of reviewing doctor: \_\_\_\_\_

Updated 06/11/2021