

Patient's Name: _____ Date of Birth: _____

Please flip over →

Family History: (Check any known problems in the family – please complete for parents and siblings).

MGM: Maternal Grandmother
 MGF: Maternal Grandfather
 PGM: Paternal Grandmother
 PGF: Paternal Grandfather

| Relationship to Child | Name | Alive? | No Known Problems | ADHD/ADD/Learning Disability | Alcohol/Substance Abuse | Allergies/Food Allergies | Anemia | Anxiety/Depression | Asthma | Autism | Autoimmune/Immune Disorder | Birth Defect/Congenital Anomaly | Bleeding Problem | Cancer | Diabetes | Eczema | Eye/Hearing Problems | Genetic Disorder | G.I. Problems | Heart Attack Before the Age of 55 | Heart Disease/High Cholesterol | Hypertension | Kidney Disease | Mental/Psychiatric Illness | Migraines | Seizures | Thyroid Disorder | Tobacco/Vaping/Cannabis | Tuberculosis |
|-----------------------|------|--------|-------------------|------------------------------|-------------------------|--------------------------|--------|--------------------|--------|--------|----------------------------|---------------------------------|------------------|--------|----------|--------|----------------------|------------------|---------------|-----------------------------------|--------------------------------|--------------|----------------|----------------------------|-----------|----------|------------------|-------------------------|--------------|
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| Parents | Mom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dad | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siblings | Bro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandparents | Bro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MGM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MGF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PGM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PGF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Comments (including *other* responses): _____

Additional Family History: (If Needed)

| Relationship to Child | Name | Alive? | No Known Problems | ADHD / ADD / Learning Disability | Alcohol / Substance Abuse | Allergies / Food Allergies | Anemia | Anxiety / Depression | Asthma | Autism | Autoimmune / Immune Disorder | Birth Defect / Congenital Anomaly | Bleeding Problem | Cancer | Diabetes | Eczema | Eye / Hearing Problems | Genetic Disorder | G.I. Problems | Heart Attack Before the Age of 55 | Heart Disease / High Cholesterol | Hypertension | Kidney Disease | Mental / Psychiatric Illness | Migraines | Seizures | Thyroid Disorder | Tobacco / Vaping / Cannabis | Tuberculosis |
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Comments (including *other* responses): _____
