

Family Members:

Check family member who have the following conditions	No History	Patient	Mother	Father	Siblings	Maternal Grandma	Maternal Grandpa	Paternal Grandma	Paternal Grandpa	Maternal Aunt	Maternal Uncle	Paternal Aunt	Paternal Uncle
	ADD/ADHD												
Alcohol/Drug Abuse													
Allergies													
Anemia													
Asthma													
Birth Defects													
Blood Disorders													
Cancer													
Chicken pox (Age)													
Depression													
Developmental Delays													
Diabetes													
Eating Disorders													
Emotional/Behavior Problems													
Frequent Ear Infections													
Genetic Disorder													
Hearing Loss													
Heart Disease/Defects													
Hepatitis/Liver Disease													
High Blood Pressure													
High Cholesterol/Stroke													
HIV/AIDS													
Kidneys/Bladder Infections													
Learning Problems													
Mental illness													
Migraines/Headaches													
Obesity													
Osteoporosis													
Physical/Learning Disabilites													
Scoliosis													
Seizures/Epilepsy													
Skin Problems/Eczema													
Speech Problems													
Suicide Attempts													
TB/Lungs Disease													
Thyroid Disease													
Vision/Hearing Problems													

Provider: _____

Date: _____