

FAMILY HISTORY:

(PLEASE INDICATE IF PATIENT, MOTHER, FATHER, BROTHER, SISTER, MATERNAL/PATERNAL GRANDMOTHER/GRANDFATHER, AUNT, UNCLE OR COUSIN HAS HAD PROBLEMS WITH THE FOLLOWING)

- AIDS _____
- ALCOHOL _____
- ALLERGIES _____
- ANEMIA _____
- ANOREXIA _____
- ARTHRITIS _____
- ASTHMA _____
- AUTISM _____
- BACK _____
- BEHAVIOR _____
- BLEEDING _____
- BLINDNESS _____
- BONES _____
- BREATHING _____
- BOWELS _____
- BULIMIA _____
- CANCER _____
- CATARACTS _____
- CHOLESTEROL _____
- CHROMOSOMES _____
- CLEFT LIP/PALATE _____
- CONGENITAL DEFECTS _____
- CONSTIPATION _____
- CYSTIC FIBROSIS _____
- DEAFNESS _____
- DEATH (CHILD) _____
- DEATH (ADULT) _____
- DELAYED DEVELOPMENT _____
- DEPRESSION _____
- DIABETES _____
- DIET RESTRICTIONS _____
- DIGESTION _____
- DRUG ABUSE _____
- EARS _____
- EMPHYSEMA _____
- EMOTIONAL PROBLEMS _____
- ENDOCRINE DISEASE _____
- EYES _____

- GROWTH _____
- HEADACHES _____
- HEARING _____
- HEART ATTACK _____
- HEART MURMUR _____
- HEART SURGERY _____
- HIGH BLOOD PRESSURE _____
- INFECTIONS _____
- INTESTINES _____
- JOINTS _____
- KIDNEYS _____
- LEARNING _____
- LIVER _____
- LUNGS _____
- MENTAL RETARDATION _____
- METABOLIC DISEASE _____
- MIGRAINES _____
- MUSCLES _____
- NEUROLOGICAL DISORDERS _____
- OBESITY _____
- PHOBIAS _____
- PHYSICAL ABUSE _____
- PSYCHIATRIC DISORDERS _____
- PUBERTY _____
- RHEUMATIC FEVER _____
- SCOLIOSIS _____
- SEIZURES _____
- SEXUAL ABUSE/ASSAULT _____
- SEXUALLY TRANSMITTED DISEASE _____
- SICKLE CELL ANEMIA _____
- SKIN _____
- STROKE _____
- THYROID DISORDERS _____
- TOBACCO _____
- TUBERCULOSIS _____
- URINATION _____
- VISION _____
- WEIGHT CHANGES _____

ARE THERE ANY FAMILY HEALTH PROBLEMS FOR WHICH NO ONE CAN GIVE A GOOD EXPLANATION?

SIGNATURE OF PERSON COMPLETING FORM: _____