Family History

Illnesses - Check ☑ where the child or members of the child's family (parents, siblings, grandparents, aunts, uncles) have had the following illnesses or problems.

	Child	Child's Family	Family Member
Bone Disease	☐	☐	______
Birth Defects	☐	☐	______
Frequent ear infections	☐	☐	______
Cystic fibrosis	☐	☐	______
Croup	☐	☐	______
Mumps, measles, chicken pox	☐	☐	______
Wheezing/asthma	☐	☐	______
Pneumonia	☐	☐	______
Eye problems	☐	☐	______
Dental problems	☐	☐	______
Hearing problems	☐	☐	______
Hay fever/allergies	☐	☐	______
Eczema/skin problems	☐	☐	______
Anemia/blood problems	☐	☐	______
Arthritis	☐	☐	______
Ulcers/stomach problems	☐	☐	______
Diabetes	☐	☐	______

	Child	Child's Family	Family Member
Developmental delay/learning disorder	☐	☐	______
Kidney/bladder problems or infections	☐	☐	______
Seizures/convulsions	☐	☐	______
Heart disease	☐	☐	______
High blood pressure	☐	☐	______
High cholesterol	☐	☐	______
Lung disease/tuberculosis	☐	☐	______
Sexually transmitted diseases/HIV	☐	☐	______
Alcohol/drug problems	☐	☐	______
Mental/emotional disorders	☐	☐	______
Thyroid disease	☐	☐	______
Cancer	☐	☐	______
Migraines	☐	☐	______
Other ______	☐	☐	______

General Health

	First Name	Year of Birth	Sex	Health: Good	Health: Poor	(Explain)
Mother						
Father						
Brothers and Sisters						

Have any of the child's brothers or sisters died? No ☐ Yes ☐ (explain) ______

Hospitalizations or Serious/Unusual Illnesses

Identify any serious and/or unusual illnesses or injuries which your child has experienced.

Date	Serious/Unusual Illness/Injuries

Allergies

List allergies, including any allergic reactions to drugs.

______

Parent/Guardian Comments

______