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		Child	Child's Family	Family Member
Bone Disease	□	□	_____	Developmental delay/ learning disorder	□	□	_____
Birth Defects	□	□	_____				
Frequent ear infections	□	□	_____	Kidney/bladder problems or infections	□	□	_____
Cystic fibrosis	□	□	_____				
Croup	□	□	_____	Seizures/convulsions	□	□	_____
Mumps, measles, chicken pox	□	□	_____	Heart disease	□	□	_____
Wheezing/asthma	□	□	_____	High blood pressure	□	□	_____
Pneumonia	□	□	_____	High cholesterol	□	□	_____
Eye problems	□	□	_____	Lung disease/tuberculosis	□	□	_____
Dental problems	□	□	_____	Sexually transmitted diseases/HIV	□	□	_____
Hearing problems	□	□	_____	Alcohol/drug problems	□	□	_____
Hay fever/allergies	□	□	_____	Mental/emotional disorders	□	□	_____
Eczema/skin problems	□	□	_____	Thyroid disease	□	□	_____
Anemia/blood problems	□	□	_____	Cancer	□	□	_____
Arthritis	□	□	_____	Migraines	□	□	_____
Ulcers/stomach problems	□	□	_____	Other_____	□	□	_____
Diabetes	□	□	_____	Other_____	□	□	_____

General Health				**Health**		
	First Name	Year of Birth	Sex	Good	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