FAMILY MEDICAL HISTORY

DATE_____

PATIENT'S AND SIBLING'S NAMES:_____

MOTHER'S NAME_____ DOB_____

OCCUPATION_____ MEDICAL PROBLEMS_____

_____ SMOKER?_____

FATHER'S NAME_____ DOB_____

OCCUPATION_____ MEDICAL PROBLEMS_____

_____ SMOKER?_____

*LIST ALL OTHER RELATIVES OF CHILD WITH SIGNIFICANT MEDICAL PROBLEMS, THEIR AGE AT DEATH IF APPLICABLE: (E.G. "AUNT, ASTHMA, DIED AGE 47")

RELATIVE MEDICAL PROBLEM/CAUSE OF DEATH

_____

_____

_____

_____

_____

IS THERE A FAMILY HISTORY OF: ASTHMA_____

ALLERGIES_____

HIGH CHOLESTEROL_____

HEART ATTACK OR STROKE BEFORE AGE 60_____

*SIGNIFICANT MEDICAL FAMILY HISTORY PROBLEMS INCLUDE, BUT ARE NOT LIMITED TO: CANCER (SPECIFY TYPE), DIABETES, THYROID PROBLEMS, HEART ATTACK, STROKE, SEIZURE DISORDER, PSYCHIATRIC ILLNESS, ALCOHOLISM, HEARING LOSS, KIDNEY PROBLEMS, CONGENITAL PROBLEMS, ARTHRITIS, COLITIS AND ASTHMA.