

Family Medical History

Dear Parents, Please check any medical conditions which are present in your family, and who is affected by them, **based on their relationship to the child** (patient). Circle or write in any specific conditions that may apply.

Child's Name _____ Date of Birth _____

Conditions	Child's Family	Child's Mother's Side of Family	Child's Father's Side of Family
AIDS	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Allergy: Eczema, hay fever, food allergy _____	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Arthritis, lupus	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Asthma	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Attention deficit disorder	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Birth defects Hip dislocation, heart disease starting at birth	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Bleeding disorders, hemophilia	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Blood disorders: Anemia, sickle cell disease, thalassemia, spherocytosis, Rh disease, G6PD	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Cancer Breast, colon, prostate, lung, skin, ovarian, other	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother

None of the above

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Conditions	Child's Family	Family of Child's Mother	Family of Child's Father
Cholesterol or lipid elevation	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Cystic fibrosis	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Diabetes, Adult onset	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Diabetes, Juvenile	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Eye: blindness, glaucoma, retinitis pigmentosa, congenital cataract, retinoblastoma	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Gastrointestinal Disorder	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Genetic disease: PKU, Tay Sachs, muscular dystrophy	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Hearing problems, nerve deafness	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Heart attack before age 50	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Heart related sudden death	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother

None of the above

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Conditions	Child's Family	Family of Child's Mother	Family of Child's Father
Hepatitis, liver disease	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Hypertension (high blood pressure)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Kidney disorders or failure (Cystic kidney, recurrent urinary infections, reflux, kidney stones, malformation)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Learning disability, dyslexia, autism	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Lung disease, emphysema	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Mental illness: Depression, bipolar, schizophrenia, anxiety	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Mental retardation Down syndrome, Fragile X	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Migraine	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Neurologic/Brain disorder: Alzheimer, Parkinson, Huntington, multiple sclerosis, stroke, aneurysm	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Premature Birth	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother

None of the above

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Conditions	Child's Family	Family of Child's Mother	Family of Child's Father
Psoriasis or other skin disorder	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Seizures, epilepsy	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Scoliosis	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Severe or recurrent infections	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Substance abuse, alcoholism, drug abuse	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Sudden infant death (SIDS), neonatal death, recurrent miscarriage	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Thrombosis or pulmonary embolism	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Thyroid disease (low or high)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Tuberculosis	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Mother's Brother <input type="checkbox"/> Mother's Sister <input type="checkbox"/> Mother's Father <input type="checkbox"/> Mother's Mother	<input type="checkbox"/> Father's Brother <input type="checkbox"/> Father's Sister <input type="checkbox"/> Father's Father <input type="checkbox"/> Father's Mother
Other Family History (write in)			

None of the above