



Growing Healthy Children

Growing Children Happy and Healthy

Mother and Age

Father and Age

INSTRUCTIONS: Please **print or write legibly**. Fill additional sheets out for each child.
Only one (1) SOCIAL AND FAMILY History form needs to be completed. Comment on specifics.

List all Children and DOB (Date of Birth)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FAMILY SOCIAL HISTORY (SH)

Parents Marital Status

Single Married Divorced and who has custody? _____

What are your living arrangements:

House (Age? _____) Apartment
 Rent Own

How many adults live in the household? _____ How many children live in the household? _____

Parents Employed? Mother? Y N By Whom? _____
Father? Y N By Whom? _____

FAMILY HISTORY: "M" indicates Maternal (Mother's) side, "F" indicates Paternal (Father's) side:

- | M | F | Disease | M | F | Disease |
|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown / No Information | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | No inheritable Medical Problems | <input type="checkbox"/> | <input type="checkbox"/> | Heartburn (GERD) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcoholism / Drug Use | <input type="checkbox"/> | <input type="checkbox"/> | High Cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Hyperthyroid (Over-Active Thyroid) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding Disorders | <input type="checkbox"/> | <input type="checkbox"/> | Hypothyroid (Under-Active Thyroid) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Iron Deficiency / Anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | Cerebrovascular Disease (Stroke) | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Crohn's Disease | <input type="checkbox"/> | <input type="checkbox"/> | Lupus |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression / Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness (Other Than Depression) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatoid Arthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | Eczema | <input type="checkbox"/> | <input type="checkbox"/> | Seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Heart Attacks (< Age 50) | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Loss | <input type="checkbox"/> | <input type="checkbox"/> | Ulcerative Colitis |

List any other inherited health issues or serious health problems present in either side of the family not covered on the list above:

