**PEDIATRIC FAMILY HISTORY FORM**

**DATE: _____**

**CHILD'S NAME: _____**

**Please indicate with an X any relatives with any of the following conditions:**

| Medical Condition | Mom | Dad | Sister | Brother | Maternal Grandmother | Maternal Grandfather | Paternal Grandmother | Paternal Grandfather | Other |
|---|---|---|---|---|---|---|---|---|---|
| ADD or Learning Disability | | | | | | | | | |
| Alcoholism or Substance Abuse | | | | | | | | | |
| Anemia | | | | | | | | | |
| Asthma | | | | | | | | | |
| Autism | | | | | | | | | |
| Autoimmune Disorder | | | | | | | | | |
| Bleeding or clotting Disorder | | | | | | | | | |
| Cancer Type:_____ | | | | | | | | | |
| Congenital Anomaly/ Birth Defect | | | | | | | | | |
| Death before age 56 Cause:_____ | | | | | | | | | |
| Depression or other mental health problem | | | | | | | | | |
| Diabetes | | | | | | | | | |
| Eczema | | | | | | | | | |
| Food Allergy | | | | | | | | | |
| Headaches or Migraine | | | | | | | | | |
| Heart Attack or Heart Disease | | | | | | | | | |
| High Blood Pressure | | | | | | | | | |
| High Cholesterol | | | | | | | | | |
| Kidney Disease | | | | | | | | | |
| Stroke | | | | | | | | | |
| Suicide | | | | | | | | | |
| Thyroid Disorders | | | | | | | | | |
| Tuberculosis | | | | | | | | | |
| Other: | | | | | | | | | |

**Please give any further details about the disorders above:**

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