

Pediatrics P.C. Family History Questionnaire

Mother's Name _____ Childrens' Names _____

Father's Name _____

When filling out this form, please note the relationship to the *child*, not to the person filling out the form. On the mother's side of the family, have any family members had the following:

Heart attack, stroke, or unexplained death before 50 yrs. of age No Who _____

High Blood Pressure No Who _____

High Cholesterol No Who _____

Diabetes No Who _____

Infant Death/SIDS No Who _____

Nasal Allergies No Who _____

Asthma No Who _____

Cancer No Who _____

Bleeding Disorder No Who _____

Anemia No Who _____

Liver Disease No Who _____

Kidney disease/kidney stones No Who _____

Epilepsy or convulsions No Who _____

Alcohol or drug abuse No Who _____

Suicide No Who _____

Psychological or emotional problems No Who _____

Mental Retardation No Who _____

Immune problems, HIV or AIDS No Who _____

Additional family history

On the father's side of the family, have any family members had the following:

Heart attack, stroke, or unexplained death before 50 yrs. of age No Who _____

High Blood Pressure No Who _____

High Cholesterol No Who _____

Diabetes No Who _____

Infant Death/SIDS No Who _____

Nasal Allergies No Who _____

Asthma No Who _____

Cancer No Who _____

Bleeding Disorder No Who _____

Anemia No Who _____

Liver Disease No Who _____

Kidney disease/kidney stones No Who _____

Epilepsy or convulsions No Who _____

Alcohol or drug abuse No Who _____

Suicide No Who _____

Psychological or emotional problems No Who _____

Mental Retardation No Who _____

Immune problems, HIV or AIDS No Who _____

Additional family history

