**Family History**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** □ M □ F

Previous Pediatrician Name, City/State (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there specific concerns you wish to discuss? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRENATAL HISTORY**

Birth weight: \_\_\_\_\_\_\_\_\_ Length: \_\_\_\_\_\_\_\_\_

Did the infant stay longer than the mother? **:** □ Y □ N

If so, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any complications or illnesses during the pregnancy?

Were there any complications of the labor or delivery?

**FAMILY HEALTH HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please check all that apply: | Patient’s Mother | Patient’s Father | Patient’s Sibling | Relative (write in) |
| **SKIN:**□ eczema  | □ | □ | □ | □ |
| **EYES:**□ blindness | □ | □ | □ | □ |
| **EARS:**□ deafness | □ | □ | □ | □ |
| **NOSE/THROAT:** | □ | □ | □ | □ |
| **MOUTH:** | □ | □ | □ | □ |
| **ENDOCRINE:**□ thyroid problems □ diabetes  | □ | □ | □ | □ |
| **LUNGS:** □ asthma □ cystic fibrosis | □ | □ | □ | □ |
| **HEART:** □ murmurs □ heart attacks □ congenital abnormalities □ high blood pressure | □ | □ | □ | □ |
| **STOMACH/BOWEL:** | □ | □ | □ | □ |
| **KIDNEY/BLADDER:** | □ | □ | □ | □ |
| **BONE/JOINT:**  | □ | □ | □ | □ |
| **NEUROLOGIC:**□ seizures □ strokes | □ | □ | □ | □ |
| **CANCER:** □ type(s):  | □ | □ | □ | □ |
| **DEVELOPMENTAL PROBLEMS:** | □ | □ | □ | □ |
| **PSYCHIATRIC:** □ depression □ anxiety □ substance abuse | □ | □ | □ | □ |
| **OTHER:** | □ | □ | □ | □ |