Family History

Have any family members had the following:	☐ Yes ☐ No	Who	Comments
Deafness	☐ Yes ☐ No	Who	Comments
Nasal allergies	☐ Yes ☐ No	Who	Comments
Asthma	☐ Yes ☐ No	Who	Comments
Tuberculosis	☐ Yes ☐ No	Who	Comments
Heart disease (before 50 years old)	☐ Yes ☐ No	Who	Comments
High blood pressure (before 50 years old)	☐ Yes ☐ No	Who	Comments
High cholesterol	☐ Yes ☐ No	Who	Comments
Anemia	☐ Yes ☐ No	Who	Comments
Bleeding disorder	☐ Yes ☐ No	Who	Comments
Liver disease	☐ Yes ☐ No	Who	Comments
Kidney disease	☐ Yes ☐ No	Who	Comments
Diabetes (before 50 years old)	☐ Yes ☐ No	Who	Comments
Bed-wetting (after 10 years old)	☐ Yes ☐ No	Who	Comments
Epilepsy or convulsions	☐ Yes ☐ No	Who	Comments
Alcohol abuse	☐ Yes ☐ No	Who	Comments
Drug abuse	☐ Yes ☐ No	Who	Comments
Mental illness	☐ Yes ☐ No	Who	Comments
Mental retardation	☐ Yes ☐ No	Who	Comments
Immune problems, HIV, or AIDS	☐ Yes ☐ No	Who	Comments

Additional family history ______________________________

Past History

Does your child have, or has he/she ever had:

Condition	Yes/No	Details
Chickenpox	☐ Yes ☐ No	When
Frequent ear infections	☐ Yes ☐ No	Explain
Problems with ears or hearing	☐ Yes ☐ No	Explain
Nasal allergies	☐ Yes ☐ No	Explain
Problems with eyes or vision	☐ Yes ☐ No	Explain
Asthma, bronchitis, bronchiolitis, or pneumonia	☐ Yes ☐ No	Explain
Any heart problem or heart murmur	☐ Yes ☐ No	Explain
Anemia or bleeding problem	☐ Yes ☐ No	Explain
Blood transfusion	☐ Yes ☐ No	Explain
Freequent abdominal pain	☐ Yes ☐ No	Explain
Constipation requiring doctor visits	☐ Yes ☐ No	Explain
Bladder or kidney infection	☐ Yes ☐ No	Explain
Bed-wetting (after 5 years old)	☐ Yes ☐ No	Explain
(For girls) Has she started her menstrual periods?	☐ Yes ☐ No	Explain
(For girls) Are there problems with her periods?	☐ Yes ☐ No	Explain
Any chronic or recurrent skin problem (acne, eczema, etc)	☐ Yes ☐ No	Explain
Frequent headaches	☐ Yes ☐ No	Explain
Convulsions or other neurologic problem	☐ Yes ☐ No	Explain
Diabetes	☐ Yes ☐ No	Explain
Thyroid or other endocrine problem	☐ Yes ☐ No	Explain

Any other significant problem	☐ Yes	☐ No	Explain ______
Use of alcohol or drugs	☐ Yes	☐ No	Explain ______