

**Pediatric Associates, P.A.
Family Medical History Sheet**

PATIENT'S NAME:				DOB:						
1. How old is the house you live in?										
2. Do you have fluoride in your water supply?										
3. Is there a gun in your home?										
4. Does anyone smoke in your home?										
				Check Mark where applicable		"M" denotes mother's side, "F" Father's side.				
PATIENT'S:				Mother	Father	Brother & Sisters	Grandmothers	Grandfathers	Aunts	Uncles
ALLERGIC DISEASE:										
Hay Fever							M / F	M / F	M / F	M / F
Sinus Trouble							M / F	M / F	M / F	M / F
Eczema							M / F	M / F	M / F	M / F
Asthma							M / F	M / F	M / F	M / F
Croup							M / F	M / F	M / F	M / F
Recurrent Ear Infections							M / F	M / F	M / F	M / F
Recurrent Bronchitis							M / F	M / F	M / F	M / F
Food Allergies							M / F	M / F	M / F	M / F
Hives							M / F	M / F	M / F	M / F
CARDIOVASCULAR DISEASE:										
High Blood Pressure							M / F	M / F	M / F	M / F
Cholesterol Problems							M / F	M / F	M / F	M / F
Heart Attack (at what age?)							M / F	M / F	M / F	M / F
Stroke (at what age?)							M / F	M / F	M / F	M / F
Rheumatic Fever							M / F	M / F	M / F	M / F
PSYCHOLOGICAL:										
Sleep walking							M / F	M / F	M / F	M / F
Night Terrors							M / F	M / F	M / F	M / F
Bedwetting (past age 5)							M / F	M / F	M / F	M / F
Learning Disability							M / F	M / F	M / F	M / F
Mental Retardation							M / F	M / F	M / F	M / F
Attention problem/Distractibility							M / F	M / F	M / F	M / F
Mental Illness/Depression							M / F	M / F	M / F	M / F
Nervous Disease							M / F	M / F	M / F	M / F
Alcoholism/Drug Abuse							M / F	M / F	M / F	M / F
Suicide							M / F	M / F	M / F	M / F
OTHER:										
Tuberculosis							M / F	M / F	M / F	M / F
Diabetes							M / F	M / F	M / F	M / F
Fever Convulsions							M / F	M / F	M / F	M / F
Seizures/Epilepsy							M / F	M / F	M / F	M / F
Bleeding Tendencies							M / F	M / F	M / F	M / F
Anemia							M / F	M / F	M / F	M / F
Thyroid Disease							M / F	M / F	M / F	M / F
Migraine							M / F	M / F	M / F	M / F
Hearing Problems							M / F	M / F	M / F	M / F
Fainting							M / F	M / F	M / F	M / F
Birth Defects							M / F	M / F	M / F	M / F
SIDS or Childhood Death							M / F	M / F	M / F	M / F
Childhood Cancer							M / F	M / F	M / F	M / F
Liver Disease							M / F	M / F	M / F	M / F
Kidney Disease							M / F	M / F	M / F	M / F