

FAMILY HEALTH HISTORY

Please provide information on any medical problems affecting the child or family members.

Y N

Allergies			
Asthma			
Headaches			
Vision Problems			
Hearing Problems			
Sudden Death			
Epilepsy			
Heart Disease			
High Blood Pressure			
Diabetes			
Gastrointestinal Disease			
Kidney Disease			
Thyroid Disease			
Cancer			
Gyn Problems			
Bone Problems			
Skin Disease			
ADHD			
Learning Disorders			
Mental Illness			
Other			

Additional Details (if needed):
