

FAMILY HISTORY:

	Age	Medical Conditions		Age	Medical Conditions
Mother:	_____	_____	Siblings:	_____	_____
Father:	_____	_____		_____	_____
				_____	_____
				_____	_____

Any family members who have died younger than age 50? Y N
 Please indicate any conditions present in your family:

Y N Relative	Allergies/Asthma	Y N Relative	Heart Disease
Y N Relative	Anemia	Y N Relative	High Cholesterol
Y N Relative	Arthritis	Y N Relative	High Blood Pressure
Y N Relative	Attention Deficit	Y N Relative	HIV/AIDS
	Hyperactivity Disorder	Y N Relative	Kidney Disease
Y N Relative	Birth Defects	Y N Relative	Urinary Tract Infections
Y N Relative	Bleeding Disorders/Hemophilia	Y N Relative	Lung Disease
		Y N Relative	Mental Health Disease or Disorder
Y N Relative	Bone/Joint Disorders	Y N Relative	Sickle Cell Anemia
Y N Relative	Cancer	Y N Relative	Stroke
Y N Relative	Diabetes	Y N Relative	Thyroid Disease
Y N Relative	Developmental Disorders (Autism/PDD/LD)	Y N Relative	Tuberculosis
Y N Relative	Epilepsy/Seizures	Y N Relative	Other Neurological Problem
Y N Relative	Eye Disorders/Hearing	Y N Relative	Other
Y N Relative	Genetics		