Grayson Pediatrics

Family Medical History

Child's Name: _____

Family Medical History

☐**Family history unknown; if so:** ☐**Adoption** ☐**Foster Care/DFCS**

The following information is of value in the complete examination of your child. Answering is optional and of course confidential.

Please check the boxes where the child's blood relatives have any of these problems?

	Father	Mother	Brother	Sister	Father's side	Mother's side	Please explain any checked box
Allergies (asthma, eczema, hay fever)	☐	☐	☐	☐	☐	☐	
Birth defects (cleft lip, club foot, hip dysplasia)	☐	☐	☐	☐	☐	☐	
Blood disorders (bleeding, sickle cell, anemia)	☐	☐	☐	☐	☐	☐	
Bone/Joint disorders (arthritis, gout)	☐	☐	☐	☐	☐	☐	
Cancer (Leukemia, breast cancer, tumors, Retinoblastoma)	☐	☐	☐	☐	☐	☐	
Cholesterol problems	☐	☐	☐	☐	☐	☐	
Diabetes	☐	☐	☐	☐	☐	☐	
Eye problems (blindness, lazy eye, crossing eyes)	☐	☐	☐	☐	☐	☐	
Ear problems (deafness/hearing aids)	☐	☐	☐	☐	☐	☐	
Gastrointestinal disorders (ulcer, Crohn's, celiac, constipation)	☐	☐	☐	☐	☐	☐	
Genetic disorders (down syndrome, cystic fibrosis)	☐	☐	☐	☐	☐	☐	
Heart disease (heart attacks, high blood pressure, any birth defects)	☐	☐	☐	☐	☐	☐	
Immune problems	☐	☐	☐	☐	☐	☐	
Kidney disease (absent kidneys, cystic kidneys, UTI or kidney reflux)	☐	☐	☐	☐	☐	☐	
Liver disease	☐	☐	☐	☐	☐	☐	
Lung disorders (asthma, tuberculosis, pneumonia)	☐	☐	☐	☐	☐	☐	
Muscle disorders (Multiple Sclerosis, stiffness, arthritis, juvenile rheumatoid arthritis)	☐	☐	☐	☐	☐	☐	
Nervous disorders (migraines, seizures, epilepsy, sensory)	☐	☐	☐	☐	☐	☐	
Psychological disorders (ADHD, depression suicide, schizophrenia, Bipolar)	☐	☐	☐	☐	☐	☐	
Thyroid Problems (hyper, hypo, Hashimoto's)	☐	☐	☐	☐	☐	☐	
Alcoholism, drug dependency, abuse	☐	☐	☐	☐	☐	☐	
Regular smoker	☐	☐	☐	☐	☐	☐	
Developmental delays (speech, behavioral, Autism/Aspergers)	☐	☐	☐	☐	☐	☐	
Other:	☐	☐	☐	☐	☐	☐	