

## Family History

*You may use this form for all children that share the same biological family members listed below. For additional forms, please see the front desk.*

**Please check:**  
 This family history applies to **all** children listed on reverse side.  
 or  
 This family history applies to the following children: \_\_\_\_\_



Please circle alive or deceased for each family member and check all		Asthma	Heart attack before age 50	Heart Disease	High Blood Pressure	High Cholesterol	Diabetes	Kidney Disease	Seizure Disorder	Thyroid Disease	ADD/ADHD	Cancer	Mental Illness	Substance Use
Father	Alive Deceased											Type _____	Type _____	Type _____
Mother	Alive Deceased											Type _____	Type _____	Type _____
Father's Father	Alive Deceased											Type _____	Type _____	Type _____
Father's Mother	Alive Deceased											Type _____	Type _____	Type _____
Mother's Father	Alive Deceased											Type _____	Type _____	Type _____
Mother's Mother	Alive Deceased											Type _____	Type _____	Type _____
Father's Brother(s)	Alive Deceased											Type _____	Type _____	Type _____
Father's Sister(s)	Alive Deceased											Type _____	Type _____	Type _____
Mother's Brother(s)	Alive Deceased											Type _____	Type _____	Type _____
Mother's Sister(s)	Alive Deceased											Type _____	Type _____	Type _____

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship To Child(ren): \_\_\_\_\_ Date: \_\_\_\_\_