Your Child's Family History



Please complete **your child's** family history by checking the boxes that apply.

Your Child's Relative →	Mother	Father	Brother	Sister	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Aunt	Uncle	Cousin
High Blood Pressure											
High Cholesterol											
Sudden Death under age 50											
Heart Attack under age 55											
Cardiomyopathy											
Long QT Syndrome											
Bicuspid Aortic Valve											
Diabetes under age 55											
Obesity											
Hypothyroidism (low thyroid)											
Hyperthyroidism (high thyroid)											
Asthma											
Hay Fever / Allergy											
Eczema											
Cancer (Specify Type)											
Genetic Disorder (Specify)											
Crohn's Disease											
Ulcerative Colitis											
Celiac Disease											
Autoimmune Disease (Specify Condition)											
Depression											
Anxiety											
ADHD / ADD											
Learning Disability											
Alcoholism											
Drug Use / Abuse											
Childhood Hearing Loss											
Kidney Disease											
Epilepsy or Convulsions											
Other (Specify Condition)											