Your Child's Family History

Carithers PEDIATRIC GROUP

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

Your Child's Relative →	Mother	Father	Sibling	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)										