

Family History

Have any family members had the following:

Deafness	Yes	No	Who	Comments _____
Nasal allergies	Yes	No	Who	Comments _____
Asthma	Yes	No	Who	Comments _____
Tuberculosis	Yes	No	Who	Comments _____
Heart disease (before 50 years old)	Yes	No	Who	Comments _____
High blood pressure (before 50 years old)	Yes	No	Who	Comments _____
High cholesterol	Yes	No	Who	Comments _____
Anemia	Yes	No	Who	Comments _____
Bleeding disorder	Yes	No	Who	Comments _____
Liver disease	Yes	No	Who	Comments _____
Kidney disease	Yes	No	Who	Comments _____
Diabetes (before 50 years old)	Yes	No	Who	Comments _____
Bed – wetting (after 10 years old)	Yes	No	Who	Comments _____
Epilepsy or convulsions	Yes	No	Who	Comments _____
Alcohol abuse	Yes	No	Who	Comments _____
Drug abuse	Yes	No	Who	Comments _____
Mental illness	Yes	No	Who	Comments _____
Immune problems, HIV or AIDS	Yes	No	Who	Comments _____
Additional family history _____				

Past History

Does your child have, or has he/she ever had:

Chickenpox	Yes	No	Explain	_____
Frequent ear infections	Yes	No	Explain	_____
Problems with ears or hearing	Yes	No	Explain	_____
Nasal allergies	Yes	No	Explain	_____
Problems with eyes or vision	Yes	No	Explain	_____
Asthma, bronchitis bronchiolitis, or pneumonia	Yes	No	Explain	_____
Any heart problem heart murmur	Yes	No	Explain	_____
Anemia or bleeding problem	Yes	No	Explain	_____
Blood transfusion	Yes	No	Explain	_____
Frequent abdominal pain	Yes	No	Explain	_____
Constipation requiring doctor visits	Yes	No	Explain	_____
Bladder or kidney infection	Yes	No	Explain	_____
Bad-wetting (after 5 years old)	Yes	No	Explain	_____
(For girls) Has she started her menstrual period?	Yes	No	Explain	_____
(For girls) Are there problems with her periods?	Yes	No	Explain	_____
Any chronic or recurrent skin problem				
Frequent headaches	Yes	No	Explain	_____
(acne , eczema , etc.)	Yes	No	Explain	_____
Convulsions or other neurological problems	Yes	No	Explain	_____
Diabetes	Yes	No	Explain	_____
Thyroid or other endocrine problem	Yes	No	Explain	_____
Any other significant problem	Yes	No	Explain	_____
Use of alcohol or drugs	Yes	No	Explain	_____