

FAMILY MEDICAL HISTORY (FMHX)

	Mother	Father	Brother	Sister	Grandmother (Paternal)	Grandfather (Paternal)	Grandmother (Maternal)	Grandfather (Maternal)	Aunt	Uncle	Cousin
ADHD											
Anemia, Hemophilia											
Arthritis											
Asthma											
Atopic Dermatitis (Eczema)											
Bed Wetting											
Behavior Issues											
Cancer											
Children with Birth Defects											
Chronic Cough											
Congenital Heart Disease											
Constipation											
Cystic Fibrosis											
Dental Problems											
Developmental/Learning issues											
Diabetes											
Drug or Alcohol Dependence											
Ear Infections (more tha 3 in 1 yr)											
Early Deafness											
Hay Fever/Allergy											
Hearing Problems											
Heart Attack (less than 60 yrs old)											
Heart Murmer											
Hepatitis or Jaundice											
High Blood Pressure											
High Cholesterol											
Kidney Problems											
Lung Problems											
Pneumonia											
Psychiatric Illness											
Rheumatoid Arthritis/Lupus											
RSV											
Seizures											
Stillbirth, Miscarriage or infant death											
Stroke											
Thyroid or Endocrine Disease											
Tuberculosis											
Vision Problems → <input type="checkbox"/> Wear Glasses											

X

Parent/Legal Guardian Signature

X

Date