

## FAMILY MEDICAL HISTORY

Mother's Blood Type (if known): \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Blood Type (if known): \_\_\_\_\_

Occupation: \_\_\_\_\_

### **Family Medical History**

Please check if condition is present in **any family member** and indicate how that person is related to the patient.

Congenital Heart Disease \_\_\_\_\_

Early Heart Attacks \_\_\_\_\_

High Cholesterol or Blood Pressure \_\_\_\_\_

Cystic Fibrosis \_\_\_\_\_

Asthma \_\_\_\_\_

Seasonal Allergies (pollen) \_\_\_\_\_

Eczema \_\_\_\_\_

Acid Reflux \_\_\_\_\_

Inflammatory Bowel Disease \_\_\_\_\_

Hirschprung's Disease \_\_\_\_\_

Jaundice in the newborn \_\_\_\_\_

Diabetes \_\_\_\_\_

Thyroid Disease \_\_\_\_\_

Bleeding disorders \_\_\_\_\_

Anemia or Blood disease \_\_\_\_\_

Cancer \_\_\_\_\_

Autism Spectrum Disorder \_\_\_\_\_

Attention Deficit Disorder \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Serious Psychiatric/Mood Disorder \_\_\_\_\_

Concussion \_\_\_\_\_

Kidney infection (UTI) \_\_\_\_\_

Kidney stones or other kidney disease \_\_\_\_\_

Twin/Multiple births \_\_\_\_\_

Premature Infant \_\_\_\_\_

Death in infancy \_\_\_\_\_

Sudden Death at any age \_\_\_\_\_

Tobacco use in immediate family member \_\_\_\_\_

Frequent ear infections \_\_\_\_\_

Frequent strep throat \_\_\_\_\_

Snoring/sleep apnea \_\_\_\_\_

Please note any other **family history** that you feel is important for us to know. \_\_\_\_\_

Please check if any of the following **allergies** are present in the family.

milk

wheat

eggs

shellfish

nuts/peanuts

antibiotics/other medications

Are there any other food allergies or sensitivities in the family? \_\_\_\_\_