PATIENT 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 the **patient or a 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?____