University Pediatrics
Family History

Child's name _____ Date of Birth _____

Does your child's parents or grandparents have any of the following conditions? If so, who?

Maternal = Mothers side **Paternal = Fathers side**

ADHD/ ADD	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Asthma	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Breast Cancer	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Colon Cancer	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Deafness	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Depression	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Diabetes	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Eczema	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Heart attack **(Before age 55)**	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
High Blood Pressure	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
High Cholesterol	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Kidney Disease	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Mental Illness	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Seasonal Allergies	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Stroke **(Before age 55)**	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Other: _____	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather
Other: _____	☐ Mother	☐ Father	☐ Maternal Grandmother	☐ Paternal Grandmother	☐ Maternal Grandfather	☐ Paternal Grandfather

Over →

Social History

Child's prior medical history? _____

Any surgeries? _____

_____

Siblings		
Name	**Date of Birth**	**Sibling's General Health**

Does anyone in the home smoke? _____

Any pets? If so, what kinds? _____

Does the child attend day care? ☐ Yes ☐ No

If Yes, Name of day care?_____

Name of your child's school? _____

What grade is your child in? _____

Child lives with?_____