

# Pediatrics P.C. Family History Questionnaire

Mother's Name \_\_\_\_\_ Children's Names \_\_\_\_\_  
Father's Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When filling out this form, please note the relationship to the *child*, not to the person filling out the form.**  
On the mother's side of the family, have any family members had the following:

- Heart attack, stroke or unexplained death before 50 yrs of age  No Who \_\_\_\_\_
- High Blood Pressure  No Who \_\_\_\_\_
- High Cholesterol  No Who \_\_\_\_\_
- Diabetes  No Who \_\_\_\_\_
- Infant Death/SIDS  No Who \_\_\_\_\_
- Nasal allergies  No Who \_\_\_\_\_
- Asthma  No Who \_\_\_\_\_
- Cancer  No Who \_\_\_\_\_
- Bleeding Disorder  No Who \_\_\_\_\_
- Anemia  No Who \_\_\_\_\_
- Liver disease  No Who \_\_\_\_\_
- Kidney disease/kidney stones  No Who \_\_\_\_\_
- Epilepsy or convulsions  No Who \_\_\_\_\_
- Alcohol or Drug abuse  No Who \_\_\_\_\_
- Suicide  No Who \_\_\_\_\_
- Psychological or emotional problems  No Who \_\_\_\_\_
- Mental retardation  No Who \_\_\_\_\_
- Immune problems, HIV or AIDS  No Who \_\_\_\_\_
- Additional family history \_\_\_\_\_

On the father's side of the family, have any family members had the following:

- Heart attack, stroke or unexplained death before 50 yrs of age  No Who \_\_\_\_\_
- High Blood Pressure  No Who \_\_\_\_\_
- High Cholesterol  No Who \_\_\_\_\_
- Diabetes  No Who \_\_\_\_\_
- Infant Death/SIDS  No Who \_\_\_\_\_
- Nasal allergies  No Who \_\_\_\_\_
- Asthma  No Who \_\_\_\_\_
- Cancer  No Who \_\_\_\_\_
- Bleeding Disorder  No Who \_\_\_\_\_
- Anemia  No Who \_\_\_\_\_
- Liver disease  No Who \_\_\_\_\_
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- Epilepsy or convulsions  No Who \_\_\_\_\_
- Alcohol or Drug abuse  No Who \_\_\_\_\_
- Suicide  No Who \_\_\_\_\_
- Psychological or emotional problems  No Who \_\_\_\_\_
- Mental retardation  No Who \_\_\_\_\_
- Immune problems, HIV or AIDS  No Who \_\_\_\_\_
- Additional family history \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_