

Child's Name _____

FAMILY HEALTH HISTORY

Biological mother:

Pregnancy

Normal

Problems: _____

Type of delivery: _____

Immediate

Complications: _____

List any conditions or illnesses of child's close blood relatives (e.g. parents, brothers, sisters, uncles, aunts, grandparents):

	Family Member(s)	Comments
Alcoholism / drug abuse or addiction	_____	_____
Allergies	_____	_____
Asthma	_____	_____
Birth defects	_____	_____
Cancer	_____	_____
Deafness	_____	_____
Developmental disabilities	_____	_____
Diabetes	_____	_____
Heart disease	_____	_____
HIV	_____	_____
Kidney disease	_____	_____
Seizures / epilepsy	_____	_____
Sickle cell	_____	_____
Other genetic conditions	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____