FAMILY MEDICAL HISTORY INFORMATION FORM

Patient Name: _____ Today's Date:_____

Date of Birth:_____

Has anyone had Tuberculosis and/or received treatment?

YES ☐ NO ☐ Who? _____

Do any of your CHILD'S CLOSE RELATIVES have any of the following?

(1) High Cholesterol No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(2) High Blood Pressure No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(3) Diabetes No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(4a) Heart Attack or Stroke in Family Members Less than 55 Years Old No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(4b) Cardiac angioplasty or stent in family members less than 55 years old? No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(5) Family members of <u>any age</u> who died suddenly or unexpectedly No Yes **SIDS:** No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(6) Have you ever heard of these conditions in your family: Marfan's, Long QT, WPW No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin

(7) Other Heart Problems in YOUNGER or OLDER Family Members (for example: pacemakers, heart surgery, angioplasty, heart murmurs, irregular heart beats) No Yes

If Yes, relationship to Child

CHILD'S				MATERNAL				PATERNAL			
Mother	Father	Brother	Sister	Grand- Mother	Grand-Father	Uncle Aunt	Cousin	Grand-Mother	Grand-Father	Uncle Aunt	Cousin