



## Family Health History

Please mark "YES" to any condition suffered by a family member and list how that person is related to your baby (e.g. baby's mother is "mother", baby's grandmother on mother's side is "maternal grandmother", baby's aunt on father's side is "paternal aunt").

Be sure to update this list as new health issues arise. And, be sure to update this information with your baby's doctor so it can be placed in his permanent medical record.

Disorder	Family Member	Yes	No
<b>Allergies</b>			
Seasonal (hay fever)		Yes	No
Asthma		Yes	No
Food allergy		Yes	No
Eczema		Yes	No
<b>Heart/cardiovascular Disease</b>			
High blood pressure		Yes	No
Heart attack		Yes	No
Stroke		Yes	No
Coronary Artery Bypass surgery		Yes	No
High cholesterol (over 200)		Yes	No
Irregular heart rhythm, or WPW		Yes	No
<b>Lung</b>			
Asthma		Yes	No
Cystic Fibrosis		Yes	No
<b>Kidney</b>			
Vesicoureteral reflux		Yes	No
Chronic bladder infections in childhood		Yes	No
Polycystic kidney disease		Yes	No
<b>Liver</b>			
Hepatitis		Yes	No
Other, specify:		Yes	No
<b>Endocrine</b>			
Diabetes			
• Insulin dependent		Yes	No
• Treated with Oral medications		Yes	No
Thyroid		Yes	No
<b>Stomach/Gastrointestinal</b>			
Acid reflux (GERD)		Yes	No
Inflammatory Bowel Disease (Crohn's, ulcerative colitis)		Yes	No
<b>Metabolic</b>			
Phenylketonuria (PKU)		Yes	No
Other, specify:		Yes	No
<b>Neurological</b>			
Hearing problems/deafness		Yes	No
Seizure disorder/epilepsy		Yes	No
Spina Bifida/neural tube defect		Yes	No

Muscular dystrophy	Yes	No
Mental illness	Yes	No
<b>Developmental</b>		
Developmental delays	Yes	No
Mental retardation	Yes	No
Learning disabilities	Yes	No
Attention Deficit Disorder	Yes	No
Autism Spectrum Disorder	Yes	No
<b>Autoimmune</b>		
Rheumatoid arthritis	Yes	No
Other, specify:	Yes	No
<b>Cancer</b>		
If yes, specify:	Yes	No
<b>Blood</b>		
Anemia	Yes	No
Bleeding disorder	Yes	No
Hemophilia	Yes	No
Sickle cell disease	Yes	No
Thalassemia	Yes	No
<b>Bone/Joint</b>		
If yes, specify:	Yes	No
<b>Hereditary/Genetic</b>		
Down Syndrome	Yes	No
Other, specify:	Yes	No