

Tots 'N' Teens Pediatrics, P.C.

Family History

Please check conditions that any of the child's blood relatives have had and the relationship to the child. Include parents, siblings, grandparents, aunts, and uncles.

Condition	Relationship
___ Alcoholism	_____
___ Allergies	_____
___ Anemia	_____
___ Asthma	_____
___ Birth Defects	_____
___ Bone/Joint Disorders	_____
___ Cancer(Type?)	_____
___ Diabetes	_____
___ Eye Problems/Blindness	_____
___ Ear Problems/Hearing Loss	_____
___ Genetic Defects	_____
___ Heart Disease	_____
___ Hemophilia	_____
___ High Cholesterol	_____
___ High Blood Pressure	_____
___ HIV/AIDS	_____
___ Kidney Disease	_____
___ Lung Disease	_____
___ Mental Illness(Depression, Anxiety ,ADHD,etc.)	_____
___ Mental Retardation	_____
___ Muscle Disorders	_____
___ Seizures	_____
___ Sickle Cell Disease	_____
___ Substance Abuse	_____
___ Skin Disease	_____
___ Stroke	_____
___ Thyroid Disease	_____
___ Tuberculosis	_____
___ Weight Problems/Obesity	_____
___ Other	_____

The information that I have provided is, to the best of my knowledge, true.

Signature: _____

Relationship to patient: _____

Physician Signature and Date: _____