BROAD RIPPLE PEDIATRICS FAMILY HISTORY SUMMARY

CHILD'S NAME	CHILD'S DATE OF BIRTH

FAMILY HISTORY: Please indicate with an (X) family members who have had any of the following conditions.

					MOM"S	MOM'S	DAD'S	DAD'S
ILLNESS/DISEASE	MOM	DAD	SISTER	BROTHER	MOM	DAD	MOM	DAD
Anxiety								
Asthma								
Autoimmune Disorder								
Bleeding Disorders								
Cancer: Specify Type								
Cancer: Specify Type								
Celiac Disease								
Congenital Hip Disorder								
Depression								
Diabetes Type 1 (childhood onset)								
Diabetes Type 2 (adult onset)								
Genetic Disorder								
Hearing Disorder								
Heart Attack – Coronary Artery Disease								

High Blood Pressure (Hypertension)								
High Cholesterol (Hyperlipidemia)								
Hypercoagulation Disorder or Blood Clots								
Kidney Disease								
Psychiatric/Mental Illness								
Seizure Disorder								
Thyroid Disorder								
Ulcerative Colitis/Crohn's Disease								
Death before age 56 for reasons not stated above	2							
Other:								
Other:								
SOCIAL HISTORY: Please list patient's								
Name Age Re	lationshi	p	Occupation/Employer Cell/Phone Number					nber
Is Violence at home a concern? () Ye	es () N	No						
Are there guns in the home? () Ye	s () N	О						
Do any family members smoke? () Ye	es () N	O						
Are there pets at home? () Ye	es () N	0						