FAMILY HISTORY

Have any family members had the following:

Deafness	☐ Yes ☐ No	Who_____	Comments_____
Nasal allergies	☐ Yes ☐ No	Who_____	Comments_____
Asthma	☐ Yes ☐ No	Who_____	Comments_____
Tuberculosis	☐ Yes ☐ No	Who_____	Comments_____
Heart disease (before age 50)	☐ Yes ☐ No	Who_____	Comments_____
High blood pressure (before age 50)	☐ Yes ☐ No	Who_____	Comments_____
High Cholesterol	☐ Yes ☐ No	Who_____	Comments_____
Anemia	☐ Yes ☐ No	Who_____	Comments_____
Bleeding disorder	☐ Yes ☐ No	Who_____	Comments_____
Liver disease	☐ Yes ☐ No	Who_____	Comments_____
Kidney disease	☐ Yes ☐ No	Who_____	Comments_____
Diabetes (before age 50)	☐ Yes ☐ No	Who_____	Comments_____
Bed-wetting (after age 10)	☐ Yes ☐ No	Who_____	Comments_____
Epilepsy	☐ Yes ☐ No	Who_____	Comments_____
Alcohol abuse	☐ Yes ☐ No	Who_____	Comments_____
Drug abuse	☐ Yes ☐ No	Who_____	Comments_____
Mental illness	☐ Yes ☐ No	Who_____	Comments_____
Mental retardation	☐ Yes ☐ No	Who_____	Comments_____
Immune problems, HIV, AIDS	☐ Yes ☐ No	Who_____	Comments_____
Cancer	☐ Yes ☐ No	Who_____	Comments_____
Migraine	☐ Yes ☐ No	Who_____	Comments_____
Sudden Infant Death	☐ Yes ☐ No	Who_____	Comments_____
Birth defects	☐ Yes ☐ No	Who_____	Comments_____
Cystic Fibrosis	☐ Yes ☐ No	Who_____	Comments_____
Muscular Dystrophy	☐ Yes ☐ No	Who_____	Comments_____
Arthritis	☐ Yes ☐ No	Who_____	Comments_____
Sickle Cell	☐ Yes ☐ No	Who_____	Comments_____

Additional family problems_____

_____

_____