## Family History *Have any family members had the following?*

| check all that apply | | explain |
|---|---|---|
| deafness | ☐ | |
| nasal allergies | ☐ | |
| asthma | ☐ | |
| tuberculosis | ☐ | |
| heart disease (before 50 years of age) | ☐ | |
| high blood pressure (before 50 years of age) | ☐ | |
| high cholesteral | ☐ | |
| anemia | ☐ | |
| bleeding disorder | ☐ | |
| liver disease | ☐ | |
| kidney disease | ☐ | |
| diabetes | ☐ | |
| bedwetting | ☐ | |
| epilepsy, or convulsions | ☐ | |
| alcohol abuse | ☐ | |
| drug abuse | ☐ | |
| mental retaration | ☐ | |
| immune problems, hiv or aids | ☐ | |

## Health History *Does your child have, or has he/she ever had any of the following?*

| check all that apply | | explain |
|---|---|---|
| chickenpox | ☐ | |
| frequent ear infections | ☐ | |
| problems with ears or hearing | ☐ | |
| nasal allergies | ☐ | |
| problems with eyes or vision | ☐ | |
| asthma, bronchitis, bronchiolitis, or pneumonia | ☐ | |
| any heart problem or heart murmur | ☐ | |
| anemia or bleeding problems | ☐ | |
| blood transfusion | ☐ | |
| frequent abdominal pain | ☐ | |
| constipation requiring doctor visits | ☐ | |
| bladder, kidney infection | ☐ | |
| bedwetting after fiveyears of age | ☐ | |
| (for girls) has she started her menstrual periods? | ☐ | |
| (for girls) are there any problems with her periods? | ☐ | |
| any chronic or recurrent skin problems | ☐ | |
| diabetes | ☐ | |
| thyroid or other endoctrine problems | ☐ | |
| any other significant problem | ☐ | |
| use of alcohol or drugs | ☐ | |

form completed by (please print)

signature

date