SCHWARTZ PEDIATRICS SC

PATIENT NAME:_____**DOB:**_____

FAMILY HISTORY: **CHECK THE DISEASES THAT AFFECT FAMILY MEMBERS UNDER THE AGE OF 55**

	MOTHER	FATHER	MATERNAL GMA	MATERNAL GPA	PATERNAL GMA	PATERNAL GPA	SISTER(S)	BROTHER(S)
☐ ADHD	☐	☐	☐	☐	☐	☐	☐	☐
☐ ALCOHOL ABUSE	☐	☐	☐	☐	☐	☐	☐	☐
☐ ASTHMA	☐	☐	☐	☐	☐	☐	☐	☐
☐ BOWEL DISEASE	☐	☐	☐	☐	☐	☐	☐	☐
☐ CANCER (TYPE)	☐	☐	☐	☐	☐	☐	☐	☐
☐ DEPRESSION	☐	☐	☐	☐	☐	☐	☐	☐
☐ DIABETES MELLITUS	☐	☐	☐	☐	☐	☐	☐	☐
☐ DRUG ABUSE	☐	☐	☐	☐	☐	☐	☐	☐
☐ HEART DISEASE	☐	☐	☐	☐	☐	☐	☐	☐
☐ HEMOPHILIA	☐	☐	☐	☐	☐	☐	☐	☐
☐ HIGH CHOLESTEROL	☐	☐	☐	☐	☐	☐	☐	☐
☐ HYPERTENSION	☐	☐	☐	☐	☐	☐	☐	☐
☐ KIDNEY DISEASE	☐	☐	☐	☐	☐	☐	☐	☐
☐ SEIZURES	☐	☐	☐	☐	☐	☐	☐	☐
☐ THYROID DISEASE	☐	☐	☐	☐	☐	☐	☐	☐
☐ _____	☐	☐	☐	☐	☐	☐	☐	☐