

Family Health History

(includes patient, parents, siblings, grandparents, aunts & uncles)

High blood pressure _____

Early heart attacks _____

Cancer _____

Epilepsy _____

Diabetes _____

Smokers in household (yes) (no) _____

Alcoholism _____

Drug abuse _____

ADD/ADHD _____

Learning disabilities _____

Autism _____

Tics or tourettes _____

Depression _____

Other psychiatric diagnosis _____

Exposure to domestic violence _____

Any family member (siblings, parents, aunts, uncles, cousins) who had trouble with schools?

Has the patient been retained in any grade? _____

What grade(s)? _____