Broomfield Pediatrics & Internal Medicine
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Biological Family History for Pediatric Patients

Patient Name: ___________________________ DOB_____________ Today's Date______________

Siblings: ____ Dr. Sign Off:_______________

M= mother**, F=** father, **S**= sister, **B**= Brother **MGM**= maternal grandmother, **MGF**= maternal grandfather, **PGM**= paternal grandmother, **PGF**= paternal grandfather, **MU**= maternal uncle, **MA**= maternal aunt, **PU**=paternal uncle, **PA**= paternal aunt
Have any family members had the following? DK=don't know

Childhood hearing loss	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Food allergies/Milk allergy	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Nasal Allergies	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Asthma	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Cystic Fibrosis	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Tuberculosis	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Eczema , Skin disease	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Hypertension	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Heart disease (before 55 yrs old)	[ ] Yes	[ ] No	[ ] DK	Who	Comments
High Cholesterol/takes cholesterol meds	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Obesity	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Stroke	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Metabolic/genetic disorders	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Thyroid disorders	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Diabetes	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Gastrointestinal problems (IBS, GERD)	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Anemia	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Bleeding disorder	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Bone problems, scoliosis, brittle bones	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Muscular disorders	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Liver disease	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Kidney disease (Polycystic Kidneys)	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Bed-wetting (after 10 yrs old)	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Cancer (before 55 yrs old)	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Immune problems, HIV, or AIDS	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Epilepsy/convulsions	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Migraines, headaches	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Developmental Disability, Mental Retardation	[ ] Yes	[ ] No	[ ] DK	Who	Comments
ADHD	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Autism, Asperger's	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Mental Illness/Depression	[ ] Yes	[ ] No	[ ] DK	Who	Comments
Alcoholism, Drug abuse	[ ] Yes	[ ] No	[ ] DK	Who	Comments

Additional Family History ____

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