Family and Self History
Heart Attacks
Serious Heart Trouble ............ Self Family
High Blood Pressure
Strokes
Leukemia
Other Cancer
Diabetes
Thyroid Disease
Seizures
Migraines
High Cholesterol
Asthma
Alcoholism
Anemia
Bleeding Problem
Cataracts
Mental/Nervous Disorder
Tuberculosis (or exposure)
Blood clot
Emphysema/chronic bronchitis
Stomach ulcer/gastritis
Gallbladder disease
Hepatitis
Cirrhosis/liver disease
Bowel/colon disease
Hemorrhoids/rectal problem
Hernia
Kidney disease/infection
Gonorrhea or Syphilis
Arthritis
Bone or joint disease
Rheumatic fever
Polio
Meningitis
Glaucoma
Hay fever/allergic rhinitis
Bedwetting
Hives or eczema
Other disease

Allergic to these medicines:

Surgery
Ear Tubes  Yes Year
Appendix
Tonsils or adenoids
Hemiation
Pyloric stenosis

Other Hospitalizations or Surgeries Year

Other Personal History
Measles
Mumps
Rubella
Chicken Pox
Scarlet Fever
Mononucleosis
Allergies to any foods
Blood transfusion
Broken bones
Sprains/dislocations
Head injuries
Eye or ear injury
Hearing aids
Glasses/contacts

List of current medications:

Other Physicians/specialists:

Sporting activities: (football, skateboarding, etc.)

Is there any history of divorce or unusual relationship problems in which your child is involved?

Learning or behavior problems:

Dr. Signature:

HISTORY - CHILD 2 to 10
# Problem List - Child

<table>
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<th>No.</th>
<th>Problem</th>
<th>Consultant</th>
<th>Date of Diagnosis</th>
<th>Date of Resolution</th>
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<th>Surgeon/MD</th>
<th>Diagnosis</th>
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**Health Maintenance**

- Annual PE
- H/H
- Lead Screen
- Td
- Flu vaccine

**AT RISK FOR:** (circled)
- CAD
- Stroke
- Diabetes
- Asthma
- Cancer of:
  - Lung
  - Breast
  - Uterine
  - Ovarian
  - Cervical
  - Colon
  - Testicular
  - Prostate
  - Melanoma

**PROBLEM LIST - CHILD**