Palo Alto Medical Foundation
A Sutter Health Affiliate

Pediatric Family History Form

FAMILY HISTORY: Please indicate with a check (✔) relatives with any of the following conditions:

Medical Condition	Admin use only	Mom 1	Dad 2	Sister 3	Brother 4	Mom's Mom 5	Mom's Dad 6	Dad's Mom 7	Dad's Dad 8	Mom's Sister 12	Mom's Brother 13	Dad's Sister 14	Dad's Brother 15
Anemia	1												
Asthma	5												
Autoimmune Disorder	34												
Bleeding problems	7												
Cancer, Breast	8												
Cancer, Melanoma	10												
Cancer, Ovary	11												
Congenital Anomaly/Birth Defect	36												
Heart Attack/Heart Disease	13												
Depression	14												
Diabetes	81												
Eczema	17												
Food Allergy (which foods)	39												
Genetic Disorder	19												
Hay Fever	20												
Hearing Disorder	21												
High cholesterol	22												
High blood pressure	23												
Immune Disorder	24												
Kidney Disease	25												
Learning Disability	74												
Stroke	28												
Substance abuse	43												
Thyroid disorders	30												
Tobacco Use	122												
Tuberculosis	31												
Death before age 56													
Other:													

SOCIAL HISTORY: Who lives at home with you?

Name Age Relationship Highest Education Level

_____

_____

_____

_____

_____

Are your child's parent ❑ Married ❑ Unmarried ❑ Separated ❑ Divorced If divorced or separated, when? _____

Mother's Occupation _____ Mother's Employer _____

Father's Occupation _____ Father's Employer _____

Child care situation ❑ Parents ❑ Others (specify who and hours per day) _____

_____

Concerns about your child: ❑ Alcohol use ❑ Tobacco ❑ Sexual activity ❑ Aggressive behavior

Is violence at home a concern? ❑ No ❑ Yes Are there guns in the home? ❑ No ❑ Yes