Name: _____ Date of Birth: _____

PEDIATRIC FAMILY HISTORY FORM

(For parents/guardians to complete — include biological relatives only)

Please include parents, siblings, grandparents, aunts/uncles, and cousins when known.

Heart & Circulation

(Important for sports clearance & sudden cardiac risk)

☐ NONE	Relative(s)	Age at Diagnosis/ Death
☐ Congenital heart defect		
☐ Cardiomyopathy		
☐ Arrhythmia / Long QT		
☐ Heart disease / Heart attack		
☐ High blood pressure		
☐ Stroke		
☐ Sudden unexplained death (<50 yrs)		
☐ Bleeding/clotting disorder		

Chronic & Genetic Medical Conditions

☐ NONE	Relative(s)	Age at Diagnosis/Death
☐ Asthma		
☐ Type 1 diabetes		
☐ Type 2 diabetes		
☐ Seizures / Epilepsy		
☐ Sickle cell disease/trait		
☐ Kidney disease		
☐ Liver disease		
☐ Muscular dystrophy / neuromuscular disorder		
☐ Cystic fibrosis		
☐ Other inherited/genetic condition:		

Developmental, Learning & Mental Health

☐ NONE	Relative(s)	Age at Diagnosis/ Death
☐ Autism spectrum disorder		
☐ ADHD		
☐ Anxiety		
☐ Depression		
☐ Bipolar disorder		
☐ Schizophrenia		

Childhood / Early-Onset Conditions

☐ NONE	Relative(s)	Age at Diagnosis/ Death
☐ Hearing loss (childhood onset)		
☐ Vision problems (early onset)		
☐ Cancer under age 50 — Type:		
☐ Birth defects		

Autoimmune & Inflammatory Disorders

☐ NONE	Relative(s)	Age at Diagnosis/Death
☐ Autoimmune disease (general)		
☐ Rheumatoid arthritis		
☐ Lupus		
☐ Thyroid disease		
☐ Other autoimmune condition:		