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MIDCOAST PEDIATRICS
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FAMILY HISTORY

Many diseases can be detected more easily if we are aware that they occur in a patient's family.

Please check off any of the diseases listed below if they have been present in any relatives, living or deceased. (Brothers, sisters, aunts, uncles, parents, or grandparent **of the child** on either the father's or mother's side of the family.)

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Lung Disease (including Cystic Fibrosis) |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Learning Problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Vision Problems (Amblyopia) |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Bleeding Disorders (Hemophilia) |
| <input type="checkbox"/> Immunity Defects | <input type="checkbox"/> Any Exposure to Active TB |
| <input type="checkbox"/> Kidney Disease (nephritis, abnormality or infections) | |
| <input type="checkbox"/> Heart Disease (coronary attacks under age 50 or other) | |
| <input type="checkbox"/> Unusual Diseases, in Children Particularly | |
| <input type="checkbox"/> Mental Illness, Especially Depression | |
| <input type="checkbox"/> Leukemia or Cancer in Childhood | |
| <input type="checkbox"/> Colitis, Ulcers, Polyps, of Intestines | |
| <input type="checkbox"/> Any Other Diseases known to be inherited | |
| <input type="checkbox"/> Mental Retardation | PATIENT'S NAME _____ |