Family History Form

Westwood-Mansfield Pediatrics
Boston Children's
Primary Care Alliance

Westwood 781-326-7700
Mansfield 508-339-9944
Easton 508 535-5535

wmpeds.com

Date: _____

Patient's name: _____

Date of birth: _____

Siblings

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Family history

On the following pages, please fill out as much information about each family member as possible. When listing any illnesses/diseases/conditions, please pay specific attention to the following:

- Obesity
- High blood pressure
- High cholesterol
- Diabetes (type 1 or type 2)
- Heart attacks (please list age of first attack)
- Margfan's syndrome
- Other cardiac disease (rhythm disorders, murmurs, cardiomyopathy, etc.)
- Cysts on kidneys
- Other kidney disease
- Blood clots (including pulmonary embolism or other clotting disorders)
- Bleeding disorder (including Von Willebrand's)
- Anemia (or thalesemia traits)
- History of having spleen removed
- Sudden Infant Death Syndrome (SIDS)
- Auto accident/drowning death
- Other unexplained deaths
- Tuberous sclerosis/neurofibromatosis
- Seizure problems
- Recurrent fainting
- Learning disorders (ADHD, dyslexia)
- Depression or anxiety
- Bipolar disease (or schizophrenia)
- Drug or alcohol issues
- Smokers
- Deafness (under age 40)
- Infants/children with hip problems
- Blindness
- Asthma
- Recurrent pneumonias or recurrent bronchitis
- Allergies (season or food)
- Thyroid disease (hypothyroid or hyperthyroid)
- Skin cancer (melanoma, basal cell)
- Colon cancer under age 50
- Kidney cancer under age 50
- Eye cancer (or eye removed)
- Other cancers

Relatives

Patient's siblings: _____

_____

_____

Parent 1: _____

_____

_____

Parent 2: _____

_____

_____

Parent 1's father (patients grandfather): _____

_____

_____

Parent 1's mother (patients grandmother): _____

_____

_____

Parent 2's father (patients grandfather): _____

_____

_____

Parent 2's mother (patients grandmother): _____

_____

_____

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Parent 1's brothers (patients uncles): _____

_____

_____

Parent 1's sisters (patients aunts): _____

_____

_____

Parent 2's brothers (patients uncles): _____

_____

_____

Parent 2's sisters (patients aunts): _____

_____

_____

Parents

Parents' marital status: _____

Parent 1's name: _____

Parent 1's occupation: _____

Parent 2's name: _____

Parent 2's occupation: _____

Religion: _____

Your home

Do you have guns in your house?

❍ Yes ❍ No ❍ Don't know

Do you have a pool at home?

❍ Yes ❍ No ❍ Don't know

Any smokers living in the house?

❍ Yes ❍ No ❍ Don't know

Do you have a fire extinguisher in your house?

❍ Yes ❍ No ❍ Don't know

Do you have a carbon monoxide detector in your house?

❍ Yes ❍ No ❍ Don't know

Do you have pets?

❍ Yes ❍ No ❍ Don't know

What type?: _____

What type of heat do you have?

❍ Electric ❍ Gas ❍ Oil ❍ Don't know

What type of water do you have?

❍ Private well ❍ Municipal (city/town) ❍ Don't know

Do you live in a house or apartment?

❍ House ❍ Apartment