

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

### FAMILY AND SOCIAL HISTORY

Please mark all that apply to child's family:

Child lives with:  Mother  Father  MGM  MGF  PGM  PGF  Foster Parent  Family Member

Changes in family:  separation  divorce  major illness  death  catastrophic changes

Cardiovascular Disease:  ASCVD  Congenital  sudden cardiac death  arrhythmias  surgery  
 HTN  dyslipedemia

Allergies:  allergy shots  sinusitis  eczema  recurrent otitis  anaphylaxis

Respiratory:  asthma  TB  emphysema  chronic cough  cystic fibrosis

GI:  ulcers  gastritis  GERD  celiac disease  inflammatory bowel disease  colorectal cancer  
 polyps  juvenile cirrhosis  hepatitis A,B,C  Hirschsprung's Disease  gallbladder disease  
 pancreatitis  lactose/milk intolerance  pyloric stenosis  fatty liver disease

Genital:  inguinal hernias  testicular torsion  testicular cancer  cervical cancer  surgery  
 ovarian torsion/cancer

Urinary Tract:  UTI  polycystic kidney disease  hydronephrosis  vesicoureteral reflux disease  
 abnormal kidneys  absent kidneys  bladder problems  enuresis  incontinence

Neurological:  seizures  developmental delay  neurofibromatosis  aneurysms  migraine HA  
 strokes  craniosynosis  abnormal head shape

Endocrine:  diabetes type I  diabetes type II  thyroid problems  pituitary  adrenal  
 precocious puberty  polycystic ovary disease  excessive hair (hirsutism)

Chromosomal problems:  Down's Syndrome  Turner's Syndrome  Trisomies  Klinefelter's  
 Cri-Du-Chat

Musculoskeletal:  Scoliosis  Spina Bifida  Marfan's Syndrome  Duchenne's muscular dystrophy  
 Ankylosing Spondylitis  JRA  Rheumatoid Arthritis  Lupus

Skin:  melanoma  unusual birthmark  facial large strawberry birthmark (Sturge-Weber Syndrome)  
 Neurofibromatosis

Psychiatric disorders:  Bi-polar disorder  Postpartum depression  suicide  ADHD  Depression  
 eating disorder  Bulimia  Anorexia nervosa  Oppositional defiant disorder

Other:  HIV  Deafness  Autism  SIDS (crib death)

Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_