Woods Mill Pediatrics
Washington University Clinical Associates

Family Health History

Washington University in St. Louis Physicians

Patient Name: _____ **Date of Birth:** _____

This Information is about your child's blood relatives only, including parents, grandparents, great-grandparents, aunts, uncles, cousins and siblings .

☐ My child is adopted and no family history is available.

☐ Child's mom or dad is adopted and no family history is available.

Does your child have a family history of:

Congenital Heart Disease: ☐ Yes ☐ No	Relative:
Cancer: ☐ Yes ☐ No	
Type:	Relative:
Type:	Relative:
Type:	Relative:
Neurological Problems: ☐ Yes ☐ No	Relative:
Autism: ☐ Yes ☐ No	Relative:
Developmental Problems: ☐ Yes ☐ No	Relative:
Mental Health Concern: ☐ Yes ☐ No	Relative:
Heart Attack: ☐ Yes ☐ No	Relative:
Atrial Fibrillation: ☐ Yes ☐ No	Relative:
Sudden Death: ☐ Yes ☐ No	Relative:
High Cholesterol/Triglycerides: ☐ Yes ☐ No	Relative:
Parkinson's: ☐ Yes ☐ No	Relative:
Kidney Disease: ☐ Yes ☐ No	Relative:
Liver Disease: ☐ Yes ☐ No	Relative:
Crippling Forms of Arthritis: ☐ Yes ☐ No	Relative:
Diabetes Type 1: ☐ Yes ☐ No	Relative:
Diabetes Type 2: ☐ Yes ☐ No	Relative:
Thyroid Problems: ☐ Yes ☐ No	Relative:
Other Significant Problems: ☐ Yes ☐ No	Relative:
Specify:	