Paradise Pediatrics, PL

3400 Bee Ridge Rd., Suite 120, Sarasota, Fl 34239
Phone: 941-924-9900 Fax: 941-924-9919

Child(ren) Name:______________________________ Date Completed:_______________

Is there a history of any of the following problems in any **RELATIVE/FAMILY MEMBER**?
Please check off yes or no and specify who. Specific type if indicated.

Disorder	YES	NO	**Please specify family member and if** **Maternal** (mother's family) **Paternal** (father's family)
Alcoholism			
Anemia			
Anxiety/Stress Disorder			
Arthritis			
Asthma			
Attention Deficit/hyperactivity			
Bed wetting/enuresis			
Birth defects			
Bleeding disorders			
Cancer			
Depression			
Diabetes, insulin dependant			
Diabetes, non-insulin dependant			
Environmental allergies			
Food allergies			
GERD			
Headaches			
Heart Attack/Heart disease			
High cholesterol			
Hypertension			
Kidney reflux			
Learning disability			
Mental illness			
Migraines			
Muscular dystrophy			
Obesity			
Other			
Scoliosis			
Second hand smoke exposure			
Seizures			
Sickle cell disease			
Stomach ulcer			
Substance abuse			
Sudden death			
Thyroid disease			
UTI			