

|   |             |  |                 |                      |
|---|-------------|--|-----------------|----------------------|
| Family History  |             | Soddy Daisy Pediatrics                           |                 | (423)451-0623 Office |
|   |             | 9089 Dayton Pike                                 |                 | (423)451-0624 Fax    |
|   |             | Soddy Daisy ,Tn 37379                            |                 |                      |
| NAME: _____   |             |  |                 |                      |
| Is child adopted - Yes or NO                          |             | How many siblings - Brothers _____ Sisters _____ |                 |                      |
|   | Child's Mom | Child's Dad                                      | Child's Brother | Child's Sister       |
| Name of Person  |             |  |                 | Other                |
| Deceased or Alive                                     |             |  |                 |                      |
| Date of Birth   |             |  |                 |                      |
| <b>If yes to any disease please specify what type</b> |             |  |                 |                      |
| Allergy   |             |  |                 |                      |
| Asthma  |             |  |                 |                      |
| Eczema  |             |  |                 |                      |
| Psoriasis   |             |  |                 |                      |
| Cystic Fibrosis                                       |             |  |                 |                      |
| Stomach Problems                                      |             |  |                 |                      |
| Acid Reflux   |             |  |                 |                      |
| Ulcerative Colitis                                    |             |  |                 |                      |
| Crohn's Disease                                       |             |  |                 |                      |
| Diabetes  |             |  |                 |                      |
| Thyroid Problems                                      |             |  |                 |                      |
| Heart Disease   |             |  |                 |                      |
| HighBloodPressure                                     |             |  |                 |                      |
| Cholesterol   |             |  |                 |                      |
| Sudden Death  |             |  |                 |                      |
| Epilepsy/Seizures                                     |             |  |                 |                      |
| Migraines   |             |  |                 |                      |
| Brain Aneurysm  |             |  |                 |                      |
| Mental Retardation                                    |             |  |                 |                      |
| SIDS  |             |  |                 |                      |
| Stroke  |             |  |                 |                      |
| Muscle Dystrophy                                      |             |  |                 |                      |
| Blood Disorders                                       |             |  |                 |                      |
| Anemia  |             |  |                 |                      |
| Cancer  |             |  |                 |                      |
| Arthritis   |             |  |                 |                      |
| HIV/Aids  |             |  |                 |                      |
| Tuberculosis  |             |  |                 |                      |
| Birth Defects   |             |  |                 |                      |
| Early Deafness  |             |  |                 |                      |
| Vision Problems                                       |             |  |                 |                      |
| Any Syndromes   |             |  |                 |                      |
| Behavioral Problems                                   |             |  |                 |                      |
| Alcoholism  |             |  |                 |                      |
| Drug Problems   |             |  |                 |                      |
| Other   |             |  |                 |                      |