



120 South Val Vista Drive
Gilbert, Arizona 85296

480-733-6500
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List all children in the family, include stepchildren.

D.O.B. & Age	Name	D.O.B. & Age	Name
____ / ____	_____	____ / ____	_____
____ / ____	_____	____ / ____	_____
____ / ____	_____	____ / ____	_____
____ / ____	_____	____ / ____	_____

Family History: Check box if anyone in your immediate family and/or extended family have any history with these problems.

- | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> heart attack /stroke (less than 50 y.o.) | <input type="checkbox"/> mental retardation/ learning disabilities / ADHD/ADD |
| <input type="checkbox"/> high cholesterol | <input type="checkbox"/> cancer |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> psychiatric disorder (depression / schizophrenia, etc.) |
| <input type="checkbox"/> allergy / asthma | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Genetic disease / birth defects (down's syndrome/
cystic fibrosis / sickle cell anemia, etc.) | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> sudden death (less than 30 y.o.) |
| <input type="checkbox"/> thyroid disease | <input type="checkbox"/> SIDS / crib death |
| <input type="checkbox"/> substance abuse (alcohol / drug) | <input type="checkbox"/> seizures |
| <input type="checkbox"/> smokers | <input type="checkbox"/> kidney disease / childhood urinary tract infections |
| | <input type="checkbox"/> other: _____ |

Social History:

Marital status: single married divorced

Who lives at home? _____

Dad's type of work: _____ Age: _____

Mom's type of work: _____ Age: _____