CHILD'S
FAMILY MEDICAL HISTORY

Has anyone in your family had any of the following conditions? Check all that apply. Past or present.

	Child's Mother	Child's Father	Child's Sibling	Mother's Relatives	Father's Relatives
☐ Intellectual Disability					
☐ Learning Problems					
☐ Attention Problems					
☐ Hyperactivity					
☐ Seizures, epilepsy					
☐ Neurologic disease					
☐ Alcoholism					
☐ Drug use or abuse					
☐ Anxiety					
☐ Depression					
☐ Suicide					
☐ Other Mental Health Problems:					
Schizophrenia					
Bi-polar Disorder					
Autism					
☐ Long term medical problems (e.g. asthma, diabetes, MS, CFS)					
☐ Other:_____					
_____					