Stanford Children's Health | Lucile Packard Children's Hospital Stanford

FAMILY HISTORY FORM

Lucile Salter Packard Children's Hospital
STANFORD UNIVERSITY MEDICAL CENTER • 725 Welch Road, Palo Alto, CA 94304

Patient Name:
DOB:

FAMILY HISTORY: Please check all that apply for each relative (√). M- indicates Maternal P- indicates Paternal

Relationship	Alcohol Abuse	Arthritis	Asthma	Birth Defects	Cancer	COPD	Depression	Diabetes	Drug Abuse	Early Death	Hearing Loss	Heart Disease	High Cholesterol	High Blood Pressure	Kidney Disease	Learning Disabilities	Mental Illness	Intellectual Disabilities	Miscarriages	Stroke	Vision Loss
Mother																					
Father																					
Sister																					
Brother																					
MGM																					
MGF																					
PGM																					
PGF																					
Maternal Aunt																					
Maternal Uncle																					
Paternal Aunt																					
Paternal Uncle																					

Please indicate other major family illnesses not listed above: _____

Was the patient adopted? Yes ☐ No ☐ Please indicate here if there is no family history available _____

Please list any surgeries or hospitalizations for the patient: _____

Mother's age and medications: _____

Mother's Tdap and flu vaccines up to date? _____

Father's age and medications: _____

Fathers's Tdap and flu vaccines up to date? _____

For tuberculosis risk factors, please list birth countries of each parent: _____

Please list names and birthdates of all siblings: _____