Family History

Please indicate with an (x) family members who have had any of the following conditions.

	Child's Mom	Child's Dad	Child's Brother	Child's Sister	Mom's Dad	Mom's Mom	Dad's Dad	Dad's Mom	Mom's Sister	Mom's Brother	Dad's Sister	Dad's Brother
ADHD/Learning Disorder												
Asthma												
Autoimmune Disorder												
Bleeding Disorder												
Cancer												
Cystic Fibrosis												
Congenital Anomaly/Birth												
Depression												
Diabetes Type 1												
Diabetes Type 2												
Genetic Disorder												
Hearing Disorder												
High Cholesterol												
High Blood Pressure												
Immune Disorder												
Kidney Disease												
Mental Health Issues												
Seizures												
Smoking												
Substance Abuse												
Thyroid Disorder												
Other												