

DIANA EISNER, M.D., F.A.A.P.
Pediatrics
2030 North Loop West, Suite #125
Houston, Texas 77018
Phone (713) 688-8393 Fax (713) 688-0595
www.memorialdoctors.com / Diana Eisner, M.D.

FAMILY HISTORY

Name _____
Date _____

Family history which may be relevant to your child's health:

Please list close relatives (the child's siblings, mother and father, grandparents, uncles and aunts, and the children of uncles and aunts) who have had the following problems. Write down the name of the relative followed by their relationship to the child. Since the age of onset of these problems is important, please put down the best estimate of the age at which the problem first appeared, (which may be before it was officially diagnosed), after the name and relationship with the child. Note whether these relatives were ever smokers, and whether your child is frequently exposed to secondary smoke. Also list the approximate age of death of any close relative due to the following health problems.

PART I – HYPERTENSION/DIABETES/OBESITY

- **High Blood Pressure**

- **Diabetes Mellitus**

- **Heart Disease, including Heart Attacks and Aneurysms**

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- **Strokes**

- **Obesity**

- **Thyroid Disease**

- **Kidney Disease**

- **Mitral Valve Prolapse**

PART II – ALLERGIES/ASTHMA/ECZEMA

- **Sinus Allergies or Other Problems/Hay Fever**

- **Asthma/Reactive Airways Disease/History of Wheezing**

- **Previous Diagnosis of RSV**

- **Eczema**

- **Allergy Testing Results**

- **Same Allergic Symptoms as other Family Members**
