



Benton Pediatrics, Inc.

Board Certified Pediatrics

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Modified 8/6/04

FAMILY HISTORY

• ALL RESPONSES ARE CONFIDENTIAL •

Today's Date _____

Mother's Name _____ Age/DOB _____

Father's Name _____ Age/DOB _____

Name Of Person Filling Out Form _____

Names Of Children

Name _____ Age/DOB _____

Name _____ Age/DOB _____

Name _____ Age/DOB _____

Name _____ Age/DOB _____

FAMILY HISTORY

Circle All That Apply For Your Children, Mom And Dad, and Grandparents On Both Sides
Also For This Child's True Uncles, Aunts And First Cousins

- | | | |
|---------------------------------------|---------------------------|-------------------------------|
| Allergies | Eczema | Multiple Sclerosis |
| Asperger's Syndrome | Fibromyalgia | Muscular Dystrophy |
| Asthma | Gallstones | Obesity |
| Atopic Dermatitis | Goiter | Obsessive Compulsive Disorder |
| Attention Deficit Disorder (ADD/ADHD) | Heart Attack | Oppositional Defiant Disorder |
| Autism | Heart Bypass Surgery | Panic Attacks |
| Autistic Spectrum | High Blood Pressure | Psoriasis |
| Bleeding Disorder | High Cholesterol | Retinoblastoma |
| Blindness | HIV or AIDS Virus | Rheumatoid Arthritis |
| Cancer | Hives (Urticaria) | Schizophrenia |
| Chron's Disease | Huntington's Chorea | Scleroderma |
| Chronic Constipation | Hyperthyroidism | Seizures |
| Chronic Diarrhea | Hypoglycemia (low sugar) | Sensory Integration Disorder |
| Chronic Headaches | Hypothyroidism | Severe Mood Swings |
| Chronic Kidney Infections | Irritable Bowel Disease | Sickle Cell Disease |
| Cluster Headaches | Lactose Intolerance | SIDS |
| Coronary Artery Disease | Lazy eye | Stroke |
| Deafness | Learning Disability | Tourette's Syndrome |
| Depression | Lupus | Tuberculosis |
| Diabetes | Manic Depressive Disorder | Ulcerative Colitis |
| | Migraine Headaches | |

Please List Any Other Specific Diseases Or Chronic Illnesses In The Above Listed Family Members

Is There Anything Else We Should Know About Your Children?
