

### PORTLAND PEDIATRIC GROUP, LLP

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### FAMILY HISTORY QUESTIONNAIRE

Today's date \_\_\_\_\_ Patient's name \_\_\_\_\_ DOB \_\_\_\_\_

Mother's name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Father's name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Father's occupation \_\_\_\_\_

Countries of origin of your family (if known) \_\_\_\_\_

Year home was built \_\_\_\_\_ Pets \_\_\_\_\_

Smokers at home? (Y \_\_\_ N \_\_\_) Carpets? (Y \_\_\_ N \_\_\_)

Central air? (Y \_\_\_ N \_\_\_)

Smoke detector? (Y \_\_\_ N \_\_\_) Carbon monoxide detector? (Y \_\_\_ N \_\_\_)

Please take a moment to tell us whether any of the following conditions run in the family. If circling "Yes," please indicate on the line a description of the condition and who has it. Please indicate how the affected person is related to the child (that is, if you are the child's parent, refer to yourself as "mother" or "father"), and indicate if affected family members are on the mother's or father's side. All information is strictly confidential.

ADHD (Attention Deficit/Hyperactivity Disorder) (Y \_\_\_ N \_\_\_) \_\_\_\_\_

Allergies (food) (Y \_\_\_ N \_\_\_) \_\_\_\_\_

Allergies (nasal) (Y \_\_\_ N \_\_\_) \_\_\_\_\_

Anemia of any kind (including sickle cell) (Y \_\_\_ N \_\_\_) \_\_\_\_\_

Anxiety (Y \_\_\_ N \_\_\_) \_\_\_\_\_

Asthma (Y \_\_\_ N \_\_\_) \_\_\_\_\_

Continued...

Autism (Y\_\_\_N\_\_\_) \_\_\_\_\_

Bleeding disorders (Y/N) \_\_\_\_\_

Cancer (including leukemia) (Y\_\_\_N\_\_\_) \_\_\_\_\_

Depression (Y\_\_\_N\_\_\_) \_\_\_\_\_

Diabetes (Y\_\_\_N\_\_\_) \_\_\_\_\_

Domestic violence or physical abuse (Y\_\_\_N\_\_\_) \_\_\_\_\_

Drug or alcohol abuse (Y\_\_\_N\_\_\_) \_\_\_\_\_

Gastrointestinal disorders (inflammatory bowel disease, irritable bowel syndrome, celiac disease) (Y\_\_\_N\_\_\_) \_\_\_\_\_

Genetic syndromes (Y\_\_\_N\_\_\_) \_\_\_\_\_

Hearing problems (Y\_\_\_N\_\_\_) \_\_\_\_\_

Heart problems (Y\_\_\_N\_\_\_) \_\_\_\_\_

High blood pressure (Y\_\_\_N\_\_\_) \_\_\_\_\_

High cholesterol (Y\_\_\_N\_\_\_) \_\_\_\_\_

Hip problems in infants (Y\_\_\_N\_\_\_) \_\_\_\_\_

Kidney disease (Y\_\_\_N\_\_\_) \_\_\_\_\_

Lactose intolerance (Y\_\_\_N\_\_\_) \_\_\_\_\_

Learning disorders (Y\_\_\_N\_\_\_) \_\_\_\_\_

Mental illness (Y\_\_\_N\_\_\_) \_\_\_\_\_

Mental retardation (Y\_\_\_N\_\_\_) \_\_\_\_\_

Motor delays (late rolling, sitting, walking, etc.) (Y\_\_\_N\_\_\_) \_\_\_\_\_

Scoliosis (Y\_\_\_N\_\_\_) \_\_\_\_\_

Seizures (Y\_\_\_N\_\_\_) \_\_\_\_\_

Sudden Infant Death Syndrome (SIDS) or unexplained infant deaths (Y\_\_\_N\_\_\_)

\_\_\_\_\_

Thyroid disorders (Y\_\_\_N\_\_\_) \_\_\_\_\_

Vision problems (Y\_\_\_N\_\_\_) \_\_\_\_\_

Thank you.