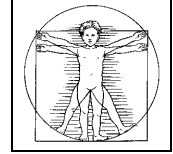


PEDIATRIC AFFILIATES **OF HAMPTON ROADS**



200 GRAYSON ROAD, SUITE 101
VIRGINIA BEACH, VIRGINIA 23462
(757) 473-3200
www.doc4kids.com

FAMILY HISTORY

CHILD'S NAME _____ CHILD'S BIRTH DATE _____

ALL QUESTIONS CONCERN ANY ILLNESSES IN RELATION TO YOUR *CHILD*
LEGEND: Mom=CHILD'S MOTHER; Dad=CHILD'S FATHER; GP=CHILD'S GRANDPARENTS;
SIB=CHILD'S SIBLINGS

PLEASE CIRCLE ANY FAMILY MEMBER WITH FOLLOWING ILLNESSES:

ASTHMA	Mom	Dad	GP	SIB
ANEMIA/CANCER	Mom	Dad	GP	SIB
DIABETES	Mom	Dad	GP	SIB
BORN WITH HEARING LOSS	Mom	Dad	GP	SIB
HIGH BLOOD PRESSURE	Mom	Dad	GP	SIB
KIDNEY DISEASE	Mom	Dad	GP	SIB
HEART ATTACK/DISEASE	Mom	Dad	GP	SIB
SEIZURES	Mom	Dad	GP	SIB
SICKLE CELL DISEASE	Mom	Dad	GP	SIB
STROKES	Mom	Dad	GP	SIB
TUBERCULOSIS	Mom	Dad	GP	SIB

OTHER ILLNESSES _____

CHILD'S SIBLING'S (BROTHERS AND SISTERS)

NAME	BIRTH DATE	HEALTH PROBLEMS
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

UPDATED: _____