FAMILY'S MEDICAL HISTORY:

1. Check any of the following that apply (to the parents):
   ____anorexia/bulimia ____drinking/drug problems
   ____arthritis ____heart disease
   ____asthma ____high blood pressure
   ____bleeding problems ____kidney disease
   ____cancer ____psychiatric illness
   ____convulsions ____ neurological disease
   ____diabetes
   Other chronic/debilitating diseases: _____

2. Check any of the following that apply (to other children):
   ____anorexia/bulimia ____drinking/drug problems
   ____arthritis ____heart disease
   ____asthma ____high blood pressure
   ____bleeding problems ____kidney disease
   ____cancer ____psychiatric illness
   ____convulsions ____ neurological disease
   ____diabetes
   Other chronic/debilitating diseases: _____

3. Extended family:
   Genetic diseases (diseases which run in the family): _____

4. Check any of the following that apply (in males under 60 or in any female relative):
   ____heart attack ____stroke
   ____bypass surgery ____angina

5. Close friends and family members:
   Does anyone currently have a very serious or terminal illness? ____yes ____no
   If YES, specify:_____
   Any recent deaths? ____yes ____no
   If YES, who? _____

PREVENTATIVE HISTORY:

1. Is your child using a car seat, seat belt, or neither? _____
2. Do you have a thermometer at home? ____yes ____no
3. Do you know how to read a thermometer? ____yes ____no
4. Do you know how to take a rectal thermometer? ____yes ____no
5. Do you have Tylenol, Tempra, or Liquiprin at home? ____yes ____no _____
6. Cigarette, cigar or pipe smokers (check all that apply)
   ____mom ____dad ____children