



**SURGICAL HISTORY**      Check all that apply or circle: NONE

Has the patient ever had any of the following procedures?

circumcision                       tonsil removal                       adenoid removal  
 ear tubes                               shunt placement                       gastrostomy tube

Other surgeries not listed above: \_\_\_\_\_

**FAMILY HISTORY**      Check all that apply or circle: NONE

Relation	Mom	Dad	Sibling	Grand-parent	Aunt	Uncle
Heart attack						
Heart failure						
Stroke						
High blood pressure						
High cholesterol						
Diabetes						
Polycystic Ovary Syndrome						
Thyroid disorder						
Thyroid nodule						
Thyroid cancer						
Genetic disorder						
Lupus						
Rheumatoid Arthritis						
Crohn's Disease						
Ulcerative Colitis						
Multiple Sclerosis						
Psoriasis						

Other: \_\_\_\_\_

**FAMILIAL STATURE**    Mother's Height: \_\_\_ ft \_\_\_ in                      Father's Height: \_\_\_ ft \_\_\_ in

**SOCIAL & HOUSEHOLD HISTORY**

Patient's Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Patient's parents are:    Single     Married     Separated     Divorced

Patient lives with: \_\_\_\_\_