



## Biological Parent's Medical History Form

MEDICAL CONDITIONS	SELF	FAMILY	COMMENTS (AGE AT ONSET, TREATMENT, MEDICATION, CAUSE, HOSPITALIZATIONS, WHICH FAMILY MEMBER)
ADD / ADHD			
Alcoholism			
Allergies (specify)			
Alzheimer's Disease / Dementia			
Anxiety disorder			
Arthritis			
Asthma			
Autism spectrum			
Birth defects (cleft lip, club foot, congenital heart, hydrocephalus, spina bifida, etc – specify)			
Blindness or other eye problems			
Cancer (specify)			
Cerebral Palsy			
Chronic Obstructive Pulmonary Disease [COPD]			
Cirrhosis or liver disease			
Congestive Heart Failure [CHF]			
Cystic Fibrosis			
Dental problems (specify)			
Diabetes (specify)			
Down Syndrome			
Drug abuse			
Eating disorder			
Emphysema			
Epilepsy or other seizures			



