



Biological Parent's Medical History Form

MEDICAL CONDITIONS	SELF	FAMILY	COMMENTS <small>(AGE AT ONSET, TREATMENT, MEDICATION, CAUSE, HOSPITALIZATIONS, WHICH FAMILY MEMBER)</small>
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			

MEDICAL CONDITIONS	SELF	FAMILY	COMMENTS (AGE AT ONSET, TREATMENT, MEDICATION, CAUSE, HOSPITALIZATIONS, WHICH FAMILY MEMBER)
Hearing or speech problems			
Heart attack			
Huntington's Disease			
Hypertension or high blood pressure			
Intestinal problems (specify)			
Learning disability			
Mental illness (specify)			
Mental retardation			
Multiple Sclerosis			
Muscular Dystrophy			
Parkinson's Disease			
Personality disorder (specify)			
Renal disease or kidney disorder			
Scoliosis			
Severe depression			
Sexually transmitted disease			
Sickle Cell Anemia			
Stroke			
Tay-Sachs Disease			
Thyroid condition			
Tuberculosis			
Any other medical conditions			

