

DELAWARE MODERN PEDIATRICS, P.A.

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www.DelawareModernPediatrics.com

Family History Child's name: _____ Date of Birth: _____ We are interested in the medical histories of: _____

- your child's brothers and sisters
 - you and your spouse (or child's biologic parent)
 - your brothers, sisters and parents

(The family histories of your cousins and grandparents is less relevant.)

(The family instories of your cod	ishis and grandparents is less relevant.
Neurologic	
Seizures	
Mental retardation	
Learning disability/dyslexia	
ADHD	
Hearing problems	
Endocrine	
Thyroid disease	
Diabetes - child onset	
Diabetes - adult onset	
Obesity	
Allergic	
Asthma	
Hay fever/Allergies	
Food Allergies	
Cardiovascular	
Heart disease before age 60	
High cholesterol	
High blood pressure	
Psychiatric	
Depression	
Suicide	
Drug/Alcohol abuse	
Panic attacks	
Eating disorder	
Other:	