

MEDICAL HISTORY

Symptoms, Risk Factors and Family History

If you have filled out this form in the past 12 months and no changes check here

Your Child's Symptoms:

In the past 3 months, has your child been unable to perform normal activities *most days of the week* due to any of the following symptoms:

- Anxiety
- School avoidance (withdrawn)
- Excessive thirst
- Excessive urination
- Unexplained weight loss
- Bad headaches
- Loud snoring or Sleep Disturbance
- Night time coughing interrupting sleep
- Daytime sleepiness
- Moderate to severe abdominal pain
- Joint Pain (hip or knee)

For females who started having periods more than 6 months ago, are your periods regular? _____

Potential Risk Factors for your Child

Do any of the following apply to your child?

- High blood pressure
- Takes anti-psychotic or anti-seizure medication
- Takes oral steroids daily (excludes inhaled steroids for asthma)
- Low birth weight or high birth weight
- Physical disability

Family History

Have any of your child's biological parents, grandparents or siblings been diagnosed with:

- Type 2 Diabetes
- High blood pressure
- High cholesterol
- Obesity
- Gestational Diabetes
- Early death from heart disease or stroke (under age 55)