



Parent and Family Health History

DATE: / /

FAMILY

Mothers Name: _____ Age: _____ DOB: _____

Occupation: _____ Single: Y N

Fathers Name: _____ Age: _____ Date Of Birth _____

Occupation: _____ Single: Y N

PARENT HISTORY:

Please indicate whether you identify with any of the following.

Mother

Were you Breast Fed as a child? Y N

Comment: _____

Have you been subject to regular long term medication or antibiotic treatment? Y N

Comment: _____

Have you taken the contraceptive Pill? Y N

Comment: _____

- Autism Spectrum Disorder
- OCD
- Bipolar Disorder
- ADHD
- ADD
- Schizophrenia
- Anxiety
- Dyslexia
- Dyspraxia
- Depression

Other Psychological Disorder: _____

- Skin Disorder
- Diabetes type one
- IBS or IBD
- Thyroid problems
- Eczema
- Asthma
- PMS Problems
- Migraine headaches
- Diarrhoea
- Fatigue (Chronic)
- Crohn's
- Thrush
- Allergies
- Cystitis
- Colic/Reflux
- Mind Fog
- Constipation

Other Autoimmune Disorder: _____

Please list any digestive issues/concerns:

Father

Were you Breast Fed as a child? Y N

Comment: _____

Have you been subject to regular long term medication or antibiotic treatments? Y N

Comment: _____

- Autism Spectrum Disorder
- OCD
- Bipolar Disorder
- ADHD
- ADD
- Schizophrenia
- Anxiety
- Dyslexia
- Dyspraxia
- Depression

Other Psychological Disorder: _____

- Skin Disorder
- Diabetes type one
- IBS or IBD
- Migraine headaches
- Thyroid problems
- Asthma
- Mind Fog
- Constipation
- Fatigue (Chronic)
- Crohn's
- Thrush
- Allergies
- Cystitis
- Colic/Reflux
- Eczema
- Diarrhoea

Other Autoimmune Disorder: _____

Please list any digestive issues/concerns:

The following information is helpful but does not require your effort to run around asking all you family members about their health history. Just list any well known conditions that you are aware of.

FAMILY HISTORY: Relevant to all family members (siblings, cousins, aunts & uncles & Grandparents)

Please list any known conditions relating to the following conditions for the above family members.

Psychological Disorders

(this could be specific to but is not limited to some of the following: Depression, schizophrenia, ADHD, ADD, Anorexia, Pyrroles Disorder, OCD, Dyslexia, Bipolar Disorder or Anxiety Disorder)

Condition	Who	Condition	Who	Condition	Who

Physiological Disorders

(this could be specific to but is not limited to some of the following: Fybromialgia , Lupus, Celiac Disease, multiple sclerosis, rheumatoid arthritis, diabetes type one, celiac disease or any autoimmune disorder)

Condition	Who	Condition	Who	Condition	Who

SIBLINGS

1. Child One Name: _____ DOB: _____ age: _____ Female Male

Digestive/GAPS related complaint: _____

2. Child One Name: _____ DOB: _____ age: _____ Female Male

Digestive/GAPS related complaint: _____

3. Child One Name: _____ DOB: _____ age: _____ Female Male

Digestive/GAPS related complaint: _____

4. Child One Name: _____ DOB: _____ age: _____ Female Male

Digestive/GAPS related complaint: _____

5. Child One Name: _____ DOB: _____ age: _____ Female Male

Digestive/GAPS related complaint: _____

“It is important to assess the health of the parents because the mother passes her gut flora to her baby at birth. If the mothers gut flora is abnormal, then that is what the baby gets from the start” (Dr Natasha Campbell-McBride).