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FAMILY TREE

Family history: Please indicate whether any relatives of the child, including parents, brothers, sisters, grandparents, aunts, uncles, or cousins have or have had any of the following conditions.

Name _____ Birthdate _____ Date _____

<input type="checkbox"/>	Dyslexia or Learning Disability	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Stroke/ heart disease/ hypertension	<input type="checkbox"/>	Developmental Problems
<input type="checkbox"/>	Autism	<input type="checkbox"/>	School / Executive Dysfunction
<input type="checkbox"/>	Attention problems	<input type="checkbox"/>	ADHD/ Hyperactivity
<input type="checkbox"/>	Legal problems/jailed	<input type="checkbox"/>	Thyroid disease
<input type="checkbox"/>	Psychiatric hospitalization	<input type="checkbox"/>	Temper or Aggressive Problems
<input type="checkbox"/>	Bipolar Disorder/ Manic Depression	<input type="checkbox"/>	Moody / extreme irritability
<input type="checkbox"/>	Exceptional Distinction	<input type="checkbox"/>	Eccentricity/ oddness
<input type="checkbox"/>	Alcohol/drug abuse	<input type="checkbox"/>	Abuse
<input type="checkbox"/>	Anxiety Disorder or OCD	<input type="checkbox"/>	Other heritable issues
<input type="checkbox"/>		<input type="checkbox"/>	

Please describe any items checked "yes". Label the family member's symbol on the family tree below. Female = circle Male = square