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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. Then, draw your family tree in the blank space below.

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