



# THE CENTER FOR PEDIATRIC & ADOLESCENT MEDICINE

Revised 05/9/06

## FAMILY HISTORY

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

FAMILY MEMBER	AGE	LIST ANY HEALTH PROBLEMS
Mother	_____	_____
Father	_____	_____
Sibling	_____	_____
Sibling	_____	_____
Sibling	_____	_____
Sibling	_____	_____
Sibling	_____	_____
Sibling	_____	_____

List any family member related to the patient who has any of the following diseases

Miscarriages _____	Allergies, Hay fever, Asthma _____	Liver Disease _____
Mental Retardation _____	High Cholesterol _____	Intestinal Disease _____
Birth defects _____	Bleeding Disorders _____	Any Other Diseases _____
Seizures _____	Rheumatic Heart Disease _____	_____
Diabetes _____	Kidney Disease _____	

## EXPOSURE

Does anyone in your household smoke, drink alcohol, chew smokeless chewing tobacco, or drugs? Y / N

If yes who? \_\_\_\_\_

Does anyone in the household have a gun? Yes / No If yes who? \_\_\_\_\_

**BIRTH HISTORY**

**Pregnancy:** Full term or Premature \_\_\_\_ Weeks Gestation

**Delivery:** Vaginal or C-section

**Neonatal Course** Any Complications in the nursery? \_\_\_\_\_

**DIETARY HISTORY**

**Present Eating Habits:**

Infant : Formula Type \_\_\_\_\_ Solid Foods \_\_\_\_\_

Child : Good or Picky Eater

**Do you have well water ?** Y or N

**DEVELOPMENTAL HISTORY**

List age when accomplished each of the following:

**INFANT**

Sat up alone \_\_\_\_\_ Said 1<sup>st</sup> Words \_\_\_\_\_ 1<sup>st</sup> Teeth \_\_\_\_\_ Walked  
\_\_\_\_\_

Said 1<sup>st</sup> Sentence \_\_\_\_\_ Toilet Trained \_\_\_\_\_

**SCHOOL AGE**

Present Grade \_\_\_\_\_ Any Problems \_\_\_\_\_

**HOSPITALIZATIONS**

List all Hospitalizations, age and diagnosis, not including surgeries

Diagnosis	Age	Diagnosis	Age
_____	_____	_____	_____
_____	_____	_____	_____

**SURGERIES**

List all surgeries, age and diagnosis

Diagnosis	Age	Diagnosis	Age
_____	_____	_____	_____
_____	_____	_____	_____

**MAJOR ILLNESSES**

List any past major illnesses (i.e. Urinary tract infections, pneumonias, strep throat etc.....)

Diagnosis

Diagnosis

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**INJURIES**

List all injuries (i.e. Broken bones, skull fractures, or major injuries)

Diagnosis

Diagnosis

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**MEDICATIONS**

Please list all current medications your child is taking

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**ALLERGIES TO ANY MEDICATIONS**

List all medications to which your child is allergic to

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UPDATED ( Every 2 Years)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

