

### Demographics

Child's name \_\_\_\_\_ Adopted/foster care?  Y  N  
 Parent names \_\_\_\_\_ Parents married?  Y  N  
 Siblings names and ages \_\_\_\_\_  
 Others living in the home \_\_\_\_\_ Smokers in household?  Y  N  
 School and grade \_\_\_\_\_ Sports/Interests \_\_\_\_\_

### Birth History

Place of birth \_\_\_\_\_ Birth weight \_\_\_\_\_  
 Premature?  N  Y (How many weeks? \_\_\_\_\_)  
 Problems after birth? \_\_\_\_\_

### Family Health History

(which family member)

Asthma/allergy \_\_\_\_\_  
 Depression/anxiety/suicide \_\_\_\_\_  
 ADHD \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Sudden heart death \_\_\_\_\_  
 Death before age 50 \_\_\_\_\_  
 Delayed development \_\_\_\_\_  
 Serious childhood illness \_\_\_\_\_  
 Other \_\_\_\_\_

### Name and Location of Prior Medical Provider

### Medications/ Allergies/ Immunizations

Medications \_\_\_\_\_  
 Vitamins/supplements \_\_\_\_\_  
 Medication allergies (specify reaction) \_\_\_\_\_  
 Immunizations up-to-date?  Y  N  not sure

### Personal Health History (please indicate if your child has a history of any of the following)

#### Skin

- cold sores
- eczema
- acne

#### Allergy/Immune system

- Seasonal/environmental allergy \_\_\_\_\_
- Food allergy \_\_\_\_\_
- Anaphylaxis

#### Neurologic

- Seizures or epilepsy
- Concussion/head injury

#### Ear, Eye, Nose, Throat

- trouble seeing/glasses
- lazy eye (strabismus)
- hearing loss
- frequent ear infections
- frequent throat infections

#### Gastrointestinal

- Reflux disease
- Frequent constipation

#### Developmental/Behavioral/Mood

- Autism
- Speech delay
- Attention problems
- Depression or anxiety

#### Respiratory

- asthma
- pneumonia

#### Cardiac

- Heart disease or surgery

#### Other illnesses

#### Hospitalizations

#### Genitourinary

- Urinary tract infection

#### Surgery