PATIENT HEALTH HISTORY FORM -- INITIAL VISIT

Patient's Name_____ Date of Birth_____
Mother's Name_____ Father's Name_____

Patient's Family (including step-parents and step-siblings)

Name of Family Member	Date of Birth	Relationship to Patient	Lives with patient?

Child's Past Medical History

Pregnancy/Neonatal Period

Name of Obstetrician_____
Where was your child born? (city/state) _____
Pregnancy complications_____
Medications during Pregnancy_____
Gestational Age at Delivery (term is >38 weeks) _____
Vaginal or C-Section_____
Patient go to Newborn Nursery or NICU_____
Age of infant when discharged from the hospital_____
Infant feedings were Breast or Formula or Both_____

Infancy/Childhood/Adolescence

Has your child ever been treated for or diagnosed with any of the following?	Yes	No	Details if Applicable
Allergic reaction to a medication			
Allergic reaction to bee/wasp/food/latex			
Wheezing event due to: Asthma/RSV/RAD/Bronchitis/viral illness			
Pneumonia			
Urinary Tract Infection			
Ear infections			
Strep Throat			
Surgeries (tubes, tonsillectomy, adenoidectomy, appendix			

PET EXPOSURE: (circle all that apply)

Dog Cat Bird Lizard Turtle Horse Guinea Pig Gerbil Hamster Other_____

FAMILY HISTORY (as relates to the patient-check all that apply*)*

CONDITION	PATIENT'S MOTHER	PATIENT'S FATHER	PATIENT'S SIBLING (S)	PATIENT'S GRANDPARENT	PATIENT'S COUSIN/AUNT/UNCLE
Asthma and/or Allergies					
ADD/ADHD					
Bleeding/clotting problems					
Birth defects or inherited					
Blood Pressure					
Cancer					
Diabetes or Endocrine Disorder					
Heart Disease					
Kidney problems					
Gastrointestinal problems					
Skin Problems					
Orthopedic problems					
GYN related problems					
Seizures					
Developmental Delays					
Depression or Anxiety					
Alcoholism					
Migraines					

SAFETY AND ENVIRONMENTAL

QUESTION	ANSWER	DETAILS PLEASE
Live in/visit home over thirty years old?		
Working smoke detectors on every floor?		
Carbon Monoxide detector in the home?		
Please list any family members that smoke.		
Are there any firearms in the home(s)?		
Does patient use car seat/booster/seatbelt?		