Pisgah Family Health – Child Medical History

Patient Information

Name: _____ Age: _____

Please list all adults who are permitted to bring the child for care or receive medical information about the child:

☐ Mother ☐step: Name _____ Phone_____ Address _____
☐ Father ☐step: Name _____ Phone_____ Address _____
☐ _____ Name _____ Phone_____ Address _____
☐ _____ Name _____ Phone_____ Address _____

Reason For Visit

_____

Current Symptoms

_____

_____

Pharmacy

Name_____ Location_____ Phone Number_____

Medications Currently Used ☐ None

(Include over-the-counter and herbal medications)

Drug Name _____ Dose _____ Frequency _____
Drug Name _____ Dose _____ Frequency _____
Drug Name _____ Dose _____ Frequency _____

Allergies ☐ None

(Include foods, insects, and over-the-counter medications)

Drug _____ Reaction _____ Food _____ Reaction _____
Drug _____ Reaction _____ Food _____ Reaction _____
Drug _____ Reaction _____ Other _____ Reaction _____

Do You See Any Other Doctors? ☐ No

Dr. _____ Specialty/Group: _____ for _____

Dr. _____ Specialty/Group: _____ for _____

Birth History ☐ Unknown due to adoption

Birth Weight _____
Birth Length _____
Weeks Gestation _____
Type of Delivery _____
APGAR scores _____

Pregnancy Problems
☐ Diabetes
☐ Group B Strep
☐ Tobacco, Drug, Alcohol use
☐ Other _____

Delivery Problems
☐ Induced for _____
☐ Vacuum / Forceps
☐ Excess Bleeding
☐ Other _____

Newborn Problems
☐ Jaundice
☐ Breathing
☐ Infection
☐ Other _____

Past Medical History ☐ None

_____

_____

Surgical History ☐ None

_____

_____

Family History

List all family members who come to Pisgah Family Health

_____

List all blood relatives who have had the following problems:

Blood disorders		Stroke	
Asthma		Heart Disease	
Mental retardation		Diabetes	
Muscular Dystrophy		High Cholesterol	
Epilepsy or Seizures		High Blood Pressure	
Birth Defects		Obesity	
Cystic Fibrosis		Drug or Alcohol problems	
Migraine Headaches		Mental Illness	
Cancer			

Social History - Child

Parents' Marital Status
☐ Unmarried
☐ Married
☐ Divorced
☐ Separated
☐ Other _____

Who lives with the child?
☐ Mother _____
☐ Father _____
☐ Step-Mother _____
☐ Step-Father _____
☐ Siblings _____
_____
_____
_____
_____
Others _____
_____
_____

Parents' Occupations
Mother _____
Father_____
Step-Mother _____
Step-Father_____

Who cares for the child?
☐ Mother
☐ Father
☐ Daycare
☐ Grandparents
Others _____
_____

Who Smokes in the House?
☐ Nobody
☐ Mother
☐ Father
☐ Others _____
_____

School and Activities:
☐ Home Schooled
☐ Days missed last year_____
☐ Discipline Problems_____
☐ Grade Level _____
☐ Grades earned _____
☐ Special Needs _____
☐ Sports _____
_____

☐ Extracurriculars _____
_____

☐ Hobbies _____
_____

☐ Employment_____
_____

How Many Hours per day of:
Sleep _____
School _____
Daycare _____
Homework _____
Television _____
Video Games _____
Computer/Internet _____
Outside Play _____