



PATIENT HISTORY FORM

Demographics

Patient Name: _____ Date of Birth: _____

Hospital child was delivered in: _____

Form Completed by: _____ Relationship to child: _____

Social History

Lives with: MOTHER FATHER BROTHER #___SISTER #___GRANDPARENTS OTHER _____

Parent status: MARRIED DIVORCED LIVING TOGETHER NEVER MARRIED

Birth order: 1st 2nd 3rd 4th

Relationship with siblings: GOOD STRAINED WONDERFUL OTHER _____

Neighborhood: RURAL URBAND INNER-CITY SUBURBAN OTHER _____

Home type: HOUSE CONO APARTMENT TOWNHOUSE SHELTER HOMELESS DUPLEX

Home age: _____ Provides privacy: YES NO Provides safety: YESNO

Type of heat: ELECTRIC GAS WOOD COAL OTHER _____

Smokers in the home: YES NO OUTSIDE

Type of water: CITY WELL BOTTLE

Chlorinated: YES NO UNKNOWN

Floridated: YES NO UNKNOWN

Lead in home: YES NO UNKNOWN

Child care: YES NO HOURS PER WEEK _____ PERSON/FACILITY NAME _____

Car restraint: NONE BOOSTER REAR FACING CAR SEAT FRONT FACING CAR SEAT SEAT BELT

Smoke detector: YES NO

Carbon monoxide detector: YES NO

Radon in home: YES NO UNTESTED TREATED

Pool/Spa at home: YES NO UNKNOWN

Pets/Animals at home: YES NO If yes, what kind: _____

FIREARMS

In home: YES NO

Used for: RECREATION HUNTING PROTECTION OCCUPATION

Number: ONE-TWO THREE-FIVE SIX-TEN TEN +

Locked storage: YES NO UNKNOWN

Trigger guard: YES NO UNKNOWN

Ammunition stored separately: YES NO UNKNOWN

Unloaded for storage: YES NO UNKOWN

PLEASE COMPLETE OTHER SIDE



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PATIENT PAST SURGICAL HISTORY

- APPENDECTOMY DENTAL SURGERY LYMPH NODE BIOPSY INGUINAL HERNIA REPAIR
 TONSILLECTOMY UMBILICAL HERNIA REPAIR FRACTURE WITH SURGICAL REDUCTION
 ADNOIDECTOMY CIRCUMCISION HYPOSPADIAS REPAIR PET PLACEMENT OTHER

PATIENT PAST MEDICAL HISTORY

- ACNE CONCUSSION/CHI MENSTRAL PROBLEMS ALLERGIC RHINITIS
 CONGENITAL HEART DISEASE MIGRAINES ALLERGIES CONSTIPATION
PNEUMONIA ANEMIA DIABETES PREMATUREITY ASTHMA ECZEMA PYELONEPHRITIS
 ADD/ADHD FRACTURE/LOCATION SEIZURE DISORDER BLEEDING DISORDER
 GERD (ACID REFLUX) SEIZURES – FEBRILE BRONCHIOLITIS (RSV) HEADACHES UTI
 BRONCHITIS HEARING PROBLEMS VESICOURETERAL REFLUX CHICKENPOX
 HEART MURMUR

FAMILY MEDICAL HISTORY

- ADD/ADHD DEPRESSION MIGRAINS ALLERGIES DEVELOPMENTAL DELAY
 OBESITY ANEMIA DIABETES SCOLIOSIS ASTHMA ECZEMA SEIZURE DISORDER
 BIRTH DEFECTS GENETIC DISORDER SICKLE CELL DISEASE/TRAIT CANCER/KIND
 HIV/AIDS SIDS CHOLESTEROL HYPERTENSION SMOKING/ALCOHOLISM/DRUGS
 CORONARY HEART DISEASE LEARNING DISABILITY THYROID DISEASE
 DDH (HIP DYSPLASIA) LUPUS DEAFNESS MENTAL RETARDATION

Any other history not listed? _____