



Name _____ Today's Date _____
DOB _____ Pharmacy _____

Mother's Name _____ Mother's DOB _____
Mother's Address _____ Mother's phone _____
Mother's occupation/Employer _____

Father's Name _____ Father's DOB _____
Father's Address _____ Father's phone _____
Father's occupation/Employer _____

Guardian _____
Emergency Contact _____
List all members of the child's primary household _____

Custody arrangements or restrictions of access to medical information?
YES (Must provide legal paperwork) ☐ NO ☐

Previous doctor/office _____ have you requested records? Y N
Last routine physical _____
Other doctors/dentists involved in your child's care (include specialty)

Birth History: _____ Birth weight _____
Hospital _____ on time/early/late (please circle)
Health issues during pregnancy _____
Difficulties after birth (jaundice, infection, feeding problems...)

Medical History:
Hospitalizations _____ Surgeries _____
Recurring illnesses (ear infections, wheezing...) _____
Major accidents/injuries _____
Medications, **including vitamins and supplements** your child is currently taking _____



Family History: mother (M) father(F) brother(B) sister(S) aunt (A) uncle (U)
 mother's mother (MM) mother's father (MF) father's mother (FM) father's mother(FF)
which family members have had the following (please indicate using above abbreviations)

Allergies	_____	Heart Disease	_____
Asthma	_____	High Blood Pressure	_____
Arthritis	_____	High Cholesterol	_____
Anxiety	_____	Kidney Disease	_____
Autism	_____	Migranes	_____
Birth Defects	_____	Seizures	_____
Blood disorder	_____	Stroke	_____
Hearing loss	_____	Sudden Unexplained Death	_____
Depression	_____	Other	_____
Diabetes	_____		
Developmental Delay	_____		
Drug abuse or Addiction	_____		
Cancer (what type)	_____		
Intestinal Disorder/Ulcer/GERD	_____		

Tuberculosis Exposure:

Has your child visited Africa, Latin America or Eastern Europe in the last year?
yes no _____

Has your child been exposed to anyone with Tuberculosis?
yes no _____

Has your child had close contact with anyone with a positive TB skin test (PPD)?
yes no _____

Does your child have a household member that travels outside the US?
yes no _____

Does your child have close contact with anyone who has been in prison, a shelter,
a nursing home, that uses illegal drugs or has HIV/AIDS?
yes no _____

Person completing form _____