



MAIN STREET PEDIATRICS

Date _____

Patient Name _____ D.O.B. ____/____/____

Family Profile

Parents: __Single __Married __Separated __Divorced

Mother's age: _____ Mother's health history: _____

Father's age: _____ Father's health history: _____

Sibling (name/age), major medical problems:

1. _____ 2. _____

3. _____ 4. _____

Family History

- | | |
|---|--|
| <input type="checkbox"/> Anemia/Blood disorders | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> AIDS |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Allergic rhinitis | <input type="checkbox"/> Sudden infant death |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Birth defects |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Drug problem | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cholesterol problem | <input type="checkbox"/> Thyroid problems |

Do any other medical problems/illnesses run in your family? __ Yes __ No

If yes, please describe: _____

Social History

Who does your child live with: __Mother __Father __Both __Other

If other, please explain: _____

Are there any issues you would like to discuss with the Provider? _____

Past Medical History

Any complications with pregnancy or birth: ___Yes ___No If yes please describe: _____

Was your child born early, late or on time _____ Birth weight: _____

Has your child ever had an allergic reaction to:

- Medicine
- Food
- Animals
- Insect bites

If yes to any of the above please explain _____

What medications does your child take on a regular basis _____

Hospitalizations (when/where/why) _____

Surgeries (when/where) _____

Serious injuries (when/where) _____

Other significant past history _____
