

South Lake Pediatrics
Past Health and Family History (13 months and older)

PATIENT NAME: _____ M _____ F _____ DATE: _____

DATE OF BIRTH _____ COMPLETED BY: _____

Welcome to South Lake Pediatrics. Please complete this form as thoroughly as possible; it will provide us with valuable information about your child and his/her health.

Previous primary physician: _____

City/State: _____

Other physicians your child has seen: _____

Delivery: (circle) Full Term Premature/ gestational age _____

Complications: _____

CHILD'S HISTORY:

Allergies (medication, food, environment)

yes please explain:

Asthma

Chicken Pox

Ear Infections

Injuries Requiring Medical Attention

Hospitalizations

Surgical Procedures/Operations

Developmental Delay (language, movement)

Socialization/Behavior Problems

School or Childcare Concerns

Has your child been diagnosed with any other long term conditions?

Diagnosis: _____

Anything else that you would like us to know? _____

– OVER –

PLEASE COMPLETE BOTH SIDES

FAMILY HISTORY:

Condition	Mom	Dad	Sibling	Maternal Grandfather	Maternal Grandmother	Paternal Grandfather	Paternal Grandmother	Other	Notes
									IF CHECKED: ADD DETAILS
Patient was adopted Yes____ No____									
Allergies (meds, food, environment)									
Anesthesia reactions									
Asthma									
Birth defects									
Bladder/kidney disease or infections									
Bleeding/ clotting disorders									
Bowel (ulcer, colitis)									
Cancer (type)									
Diabetes Mellitus									
Ear problems/ infections									
Eczema/ skin conditions									
Hearing problems									
Heart problems (heart attack, murmur)									
High blood pressure/ stroke									
High cholesterol									
Hip Dysplasia or other orthopedic issues									
Learning Disabilities/ Developmental Delays									
Lung problems (CF, tuberculosis)									
Obesity									
Seizure disorder									
Sickle Cell									
Thyroid problems (high or low)									
Vision problems (blind, lazy eye)									
Any other condition or unusual diseases not mentioned									
Behavioral/Mental Health:									
ADHD									
Anxiety									
Bipolar or mood disorder									
Chemical abuse/dependency									
Depression									
Schizophrenia									
Other									

Patient lives with: (circle): mom dad siblings grandparent Legal Guardian _____