CHILD'S PATIENT HISTORY FORM (BELOW AGE 12)

Please fill out the following information on your child's family history:

Relatives	Age (or Age at Death)	Health Problem (or Cause of Death)
Father		
Mother		
Sister(s)		
Brother(s)		
Grandparents		
Other Family History:		

Child's Name:_______________________________ **Grade In School:**_______________

Overall School Performance:____

Are your child's vaccines up to date?........Yes....... No.....Unknown

Has your child ever had a "flu" vaccine?.. Yes..No

Does your child?

- Drink caffeinated beverages............................Yes ....No
  - If, yes, how much ______________________
- Eat a Special Diet ....Yes ....No
- Wear a bike helmet when riding a bike ....Yes ....No
- Exercise ....Yes....... No
- Wear a Seatbealt ....Yes....... No
- Practice trampoline & pool safety .... Yes....... No

Does your family?

- Have a family fire plan .... Yes....... No
- Have the poison control number near the phone......... Yes....... No
- Have firearms in the home .... Yes....... No
  - If Yes, are they safely stored............................ Yes....... No
- Have any smokers in the family ..... Yes....... No
- Live in an older home .... Yes....... No
- Drink city water .... Yes....... No

What are your child's hobbies/interests?____

Has your child ever been hospitalized? .... Yes.......No   If Yes, list below

Date	Reason for Hospitalization/Surgery

List all medications currently taking (including vitamins & herbs):____________________________

Any known allergies?____

List any current symptoms or concerns you would like to discuss with the doctor:______________________

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Please check if your child is having/had any of the following:

- Recent vision changes ☐
- Difficulty breathing ☐
- Blood in stools or urination ☐
- Prolonged hoarseness ☐
- Sore that will not heal ☐
- Change in bowel habits ☐
- Chronic cough ☐
- Weight loss ☐
- Enlarged lymph nodes ☐
- Constipation ☐
- Chronic diarrhea ☐
- Behavior changes ☐

_______________________________   _______________

Signature of Parent/Guardian   Date