

Patient's name: _____

PATIENT HISTORY FORM

PAST MEDICAL HISTORY

Birth weight: _____ Birth length: _____

Ongoing / major medical or psychological conditions:

Past Surgeries:

Medication allergies: yes no If yes, to what medication(s)? _____

Current Medications:

REVIEW OF SYSTEMS

Does your child have, or has he/she recently had, any of the following: (Please circle)

CONSTITUTIONAL: weight loss, fever, chills, weakness, fatigue

EYES: visual loss, blurred vision, double vision

EARS, NOSE, THROAT: hearing loss, congestion, runny nose, sore throat, difficulty swallowing

SKIN: rash, itching

CARDIOVASCULAR: chest pain, rapid heart rate, limb swelling

RESPIRATORY: shortness of breath, cough

GASTROINTESTINAL: nausea, vomiting, diarrhea, frequent abdominal pain

GENITOURINARY: Burning on urination, frequent urination, increased thirst

NEUROLOGICAL: frequent headache, dizziness, syncope, numbness or tingling in the extremities, change in bowel or bladder control.

MUSCULOSKELETAL: frequent muscle pain, joint pain

HEMATOLOGIC: increased bleeding, bruising

PSYCHIATRIC: recurring depression, recurring anxiety

ALLERGIES: recent hives, eczema, runny nose

SOCIAL HISTORY

Are child's parents married single separated divorced

Parents' occupations:

Mother _____

Father _____

Child's current education (please circle one):

Daycare Preschool Public/private school Home-school College

Current (or upcoming) grade: _____

Child's hobbies:

Who lives in the home? (List by relationship to patient - example: mother, father, sister and brother)

FAMILY HISTORY

Is this child yours by: birth adoption stepchild other _____

Family Member (i.e. father, aunt, maternal grandmother – MGM, etc...)

- Alcoholism/drug abuse _____
- Anxiety _____
- Depression _____
- Diabetes, Type 2 _____
- Cancer, please specify _____
- Heart attack before age 55 _____
- High blood pressure _____
- Migraines _____
- High cholesterol _____
- Obesity _____

Autoimmune disease (such as type 1 diabetes, hypothyroidism, hyperthyroidism, rheumatoid arthritis, Crohn's disease, lupus, multiple sclerosis etc...)

Please specify disease type and family member affected:
