BRENTWOOD PEDIATRIC CARE

NEW PATIENT MEDICAL HISTORY

Patient – Medical History:

Child's Name _____ **Date of Birth** _____ ☐ M ☐ F

Was the child full term or premature? _____

Were there any birth complications? _____

List the child's current medical problems _____

List the child's past medical problems _____

List the child's current medications _____

List the child's past hospitalizations _____

List the child's past surgeries _____

List the child's allergies to medications _____

List the child's other allergies _____

Your Child's Family History: Please indicate which biological relative of the child… Mother, Father, Sibling, MGM / MGF (Maternal Grandparent), PGM / PGF (Paternal Grandparent).

Allergies _____

Asthma/Lung Disease _____

Blood Disorder/Anemia _____

Cancer _____

Diabetes _____

Eczema _____

Gastrointestinal _____

Heart Disease _____

High Blood Pressure _____

High Cholesterol _____

Inherited Disease _____

Immune Disorder _____

Kidney Disease _____

Liver Disease _____

Mental Illness _____

Other _____

Smokers in the home ____ **Yes** ____ **No**

Pets in the home ____ **Yes** ____ **No**

Mother's Name _____

Father's Name _____

Child lives with _____

Parents are __ **Married** __ **Unmarried** __ **Divorced**

Mother's Occupation _____

Father's Occupation _____

Names of the Child's Sibling(s):

_____

_____

_____

_____