Facey Medical Group

With Providence

EMR #: _____

Pediatric Medical History

Date: _____ Date of Birth (mm/dd/yyyy): ___/___/_____

Patient Name: _____ Gender: ☐ Female ☐ Male

Current Medications & Vitamins: ☐ None ☐ Yes (list) _____

Known Allergies: ☐ None ☐ Yes (list) _____

Birth And Development

Type of Delivery: _____ Pregnancy Problems (if any): _____

Birth Weight: _____ Birth Length: _____ Breast or Bottle Fed? _____

Problems After Birth (if any): _____

Sat Up (month): _____ Stood: _____ Walked: _____ Words: _____ Sentences: _____ First Teeth: _____ Toilet Trained: _____

Current School Grade Level: _____ School Marks: _____

Health History

	Yes	No		Yes	No		Yes	No
Measles			Mumps			Chicken Pox		
Rubella			Rheumatic Fever			Scarlet Fever		
Strep Throat			Allergies			Hives		
Ear Infections			Frequent Colds			Seizures		
Asthma			Bronchitis/Pneumonia			Pneumonia		
Urine Infections			Constipation			Diarrhea		
Jaundice			Bleeding Problems			Hepatitis		
Behavior Problems			Eczema			Anemia		
Overweight			Heart Problems			Lazy Eye(s)		
Hearing/Vision Problems			Dental Problems			Immunization Reaction		
Surgeries *If yes, list with dates*								
Hospitalizations *If yes, what for?*								

Other: _____

Family History

Family Member	Age
Father	
Mother	
Brothers	
Sisters	

Has any blood relative had any of these conditions?	Yes	No	Who
Heart Problems			
High Blood Pressure			
Diabetes			
Asthma/Eczema			
Seizures and/or Neurological Disorders			
Mental or Behavioral Health Problems			
Bleeding Problems			
Alcohol/Substance Abuse			
Other *please explain*			

Social History

How many people live in your household? _____ Types of pets at home: _____

Are there any smokers at home? ☐ No ☐ Yes → How many? _____

Does your child live in or regularly visit a house built before 1960? ☐ No ☐ Yes → Was it recently or is it presently being renovated? ☐ No ☐ Yes

Who is the child's caretaker when they are not in school? _____

Parents: ☐ Married ☐ Single ☐ Divorced Parents' occupations: _____

Any additional comments or important information that is not already entered on this form: _____