



FAMILY MEDICAL GROUP, P.A.

Pediatric Medical History (Age 0-18) Today's Date \_\_\_\_\_

Please answer the following questions. All information is confidential

Patient Name \_\_\_\_\_ Sex \_\_\_\_\_

Current address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's full name \_\_\_\_\_

Father's full name \_\_\_\_\_

Home phone \_\_\_\_\_ Mother and/or Father's Cell \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Father's work phone \_\_\_\_\_

How did you hear about us  Phone Book  Advertising / Where \_\_\_\_\_ ?
Welcome Wagon  Website  Employer  Referral  Insurance Company

1.) Who does the child live with? (names) \_\_\_\_\_

(relationship) \_\_\_\_\_

2.) What type housing is it (house, apartment, mobile home)? \_\_\_\_\_

3.) City or well water? \_\_\_\_\_

4.) Does anyone in the home smoke? \_\_\_\_\_ Who? \_\_\_\_\_

5.) Is child in daycare? \_\_\_\_\_ School? \_\_\_\_\_ Grade \_\_\_\_\_

6.) Pets in home? \_\_\_\_\_ Type \_\_\_\_\_

7.) How many hours per day does the child watch TV or use the computer? \_\_\_\_\_

8.) How many hours per week does the child take part in physical activity? \_\_\_\_\_

Please list any past or present illnesses the child has had: \_\_\_\_\_

Additional medical information:

Please list any medications the child is taking regularly or otherwise \_\_\_\_\_

Please list any allergies to food or medication: \_\_\_\_\_

Any serious injuries (broken bones, accidents)? \_\_\_\_\_

Any past hospitalizations or operations?

Table with 3 columns: Month/Year, Reason, Hospital, City, State

Is patient up to date on immunizations? \_\_\_\_\_

Please provide a copy of immunization record and names/address of previous physician(s) \_\_\_\_\_

Date of last Well Child exam \_\_\_\_\_