

# **Kids & Teens Primary Healthcare, P.C.**

## Family and Patient History

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Check** any condition your child has suffered from during the **Past Six Months**:

\_\_\_ Ear Infections \_\_\_ Scoliosis \_\_\_ Seizures \_\_\_ Chronic Colds \_\_\_ Headaches \_\_\_ Asthma/Allergies \_\_\_ Digestive Problems  
\_\_\_ ADHD \_\_\_ Recurring Fevers \_\_\_ Growing/Back Pain \_\_\_ Colic \_\_\_ Bed wetting \_\_\_ Car Accident \_\_\_ Temper Tantrums \_\_\_ Other:

Have any family members (including natural parents, grandparents, aunts, uncles, sisters or brothers) had the following:

Deafness	? Y ? N Who _____	Comments _____
Nasal allergies	? Y ? N Who _____	Comments _____
Asthma	? Y ? N Who _____	Comments _____
Tuberculosis	? Y ? N Who _____	Comments _____
Heart disease (before 50 yrs old)	? Y ? N Who _____	Comments _____
High blood pressure (before 50 yrs old)	? Y ? N Who _____	Comments _____
High cholesterol	? Y ? N Who _____	Comments _____
Anemia	? Y ? N Who _____	Comments _____
Bleeding disorder s	? Y ? N Who _____	Comments _____
Liver disease	? Y ? N Who _____	Comments _____
Kidney disease	? Y ? N Who _____	Comments _____
Diabetes (before 50 yrs old)	? Y ? N Who _____	Comments _____
Bedwetting (after 10 yrs old)	? Y ? N Who _____	Comments _____
Epilepsy or convulsions	? Y ? N Who _____	Comments _____
Alcohol abuse	? Y ? N Who _____	Comments _____
Drug abuse	? Y ? N Who _____	Comments _____
Mental illness	? Y ? N Who _____	Comments _____
Mental retardation	? Y ? N Who _____	Comments _____
Learning or attention problems	? Y ? N Who _____	Comments _____
Immune problems, HIV, or AIDS	? Y ? N Who _____	Comments _____
Additional family history	_____	

### **Past History**

Does your child have, or has he/she ever had:

Chickenpox	? Y ? N When _____
Frequent ear infections	? Y ? N Explain _____
Problems with ears or hearing	? Y ? N Explain _____
Nasal allergies	? Y ? N Explain _____
Problems with eyes or vision	? Y ? N Explain _____
Asthma, bronchitis, bronchiolitis	? Y ? N Explain _____
Pneumonia	? Y ? N Explain _____
Any heart problem or heart murmur?	? Y ? N Explain _____
Anemia or bleeding problem	? Y ? N Explain _____
Blood transfusion	? Y ? N Explain _____
Frequent abdominal pain	? Y ? N Explain _____
Constipation requiring doctor visits	? Y ? N Explain _____
Bladder or kidney infection	? Y ? N Explain _____
Bedwetting (after 5 years old)	? Y ? N Explain _____
For girls, start of menstrual periods??	? Y ? N When _____
For girls, any problem with periods??	? Y ? N Explain _____
Any chronic or recurrent skin problem (acne, eczema, etc) ?	? Y ? N Explain _____
Frequent headaches	? Y ? N Explain _____
Convulsions or other neurological problem ?	? Y ? N Explain _____
Diabetes	? Y ? N Explain _____
Thyroid or other endocrine problem ?	? Y ? N Explain _____
Use of alcohol or drugs	? Y ? N Explain _____
Learning or attention problems	? Y ? N Explain _____
Any other chronic problem	? Y ? N Explain _____