

## New Patient Past and Family Medical History

Please fill in any blanks about your child's birth, medical history, and family medical history. Any items in **bold** may be circled to answer questions.

**Child's Name:** \_\_\_\_\_  
Last First MI

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_  
M D Y

**Birth History:** Was your child—

- Born more than 2 weeks early or late? **Y / N** If so, list the number of weeks \_\_\_\_\_ **early / late** (circle one).
- Birth Weight (as best you recall): \_\_\_\_\_pounds \_\_\_\_\_ounces
- List any complications with the pregnancy, birth, or delivery: \_\_\_\_\_  
 \_\_\_\_\_

**Past Medical History:** Has your child—

- Had any medical conditions, illnesses or recurrent problems? **Y / N** If so, what? \_\_\_\_\_  
 \_\_\_\_\_
- Ever been hospitalized for any reason? **Y / N** If so, why? \_\_\_\_\_
- Ever had surgery? **Y / N** If so, why and when? \_\_\_\_\_
- Is your child on any medicines including vitamins, herbs or supplements? **Y / N** If so, what? \_\_\_\_\_  
 \_\_\_\_\_
- Please list any allergies, including drug allergies or reactions: \_\_\_\_\_

**Lead Exposure Risk Assessment:** Does your child--

- Have siblings or playmates who have (or did have) lead poisoning? **Y / N**
- Live or frequently visit a house or daycare built before 1950? **Y / N**
- Reside in or visit a house built before 1978 with recent or ongoing renovations or remodeling within the last six months? **Y / N**
- Eat or mouth non-food items such as starch, clay or plaster? **Y / N**
- Play in bare soil or reside in a lead smelting area? **Y / N**
- Reside with an individual that works with or has hobbies using lead? **Y / N**
- Receive unusual medicines or folk remedies? **Y / N**

**Family Medical History:** Please think about your child's **brothers, sisters, parents, grandparents, aunts and uncles**. Do any of those family members have any of the following conditions? (Please use these abbreviations: **M=mother, F=father, MGM or PGM=maternal or paternal grandmother, MGF or PGF=maternal or paternal grandfather, B=brother, S=sister, MA or MU=maternal aunt or uncle, PA or PU=paternal aunt or uncle**).

Medical Condition	Relationship to Child	Medical Condition	Relationship to Child
Allergies or hay fever? <b>Y/N</b>		Kidney disease? <b>Y/N</b>	
Anemia (except during pregnancy)? <b>Y/N</b>		Liver disease? <b>Y/N</b>	
Asthma or recurrent wheezing? <b>Y/N</b>		Migraine headaches? <b>Y/N</b>	
Bleeding problems? <b>Y/N</b>		Mental health problems? <b>Y/N</b>	
Cancer of any type (note type)? <b>Y/N</b>		Thyroid problems? <b>Y/N</b>	
Colitis or Crohn's? <b>Y/N</b>		Tuberculosis? <b>Y/N</b>	
Diabetes? <b>Y/N</b>		Recurrent urinary tract infections? <b>Y/N</b>	
Hearing problems? <b>Y/N</b>		Sudden death not accidental? <b>Y/N</b>	
Heart disease? <b>Y/N</b>		Other?	
High cholesterol (above 240)? <b>Y/N</b>			