TRIANGLE COMMUNITY PHYSICIANS, P.A.
PEDIATRIC HEALTH HISTORY FORM

Name:____ Today's Date:__________________

Age: __________ Date of Birth:________________ Date of last Physical: _____________________

Reason for visit/health issues to discuss:

1.____ 3.____

2. ____ 4. ____

MEDICAL HISTORY		SURGICAL HISTORY	
Year	Medical problems/Illness/Hospitalization	Year	Prior Surgeries/Operations
	❑ None		❑ None
	Birth History: Birth weight: Gestational age ❑ full term ❑ premature Type of birth ❑ Natural ❑ C section Complications: ❑ None ❑ Yes (list)		

CURRENT MEDICATIONS including over-the-counter medicines, herbs, vitamins, birth control pills	ALLERGIES medications/foods
❑ None	❑ None
Local Pharmacy:	
Mail in pharmacy:	

CHILDHOOD ILLNESSES
Has your child had any of the following?:
❑ Chicken pox ❑ Mumps ❑ Measles ❑ Rheumatic fever ❑ Cold sores

VACCINATIONS *Please bring a copy of the most recent vaccine record*
Has your child had all age appropriate vaccines?
❑ Yes ❑ Not sure ❑ No, specify which have not been received and reason for missing the vaccine:

OTHER PHYSICIANS/CLINICS list all other current physicians caring for you (gynecologists surgeons, specialists, etc.)	

SOCIAL HISTORY	
Living arrangements—child lives with: ❑ Both biologic parents ❑ One biologic parent ❑ Shared custody ❑ Adoptive parents ❑ Other, specify:	**Home Environment:** Indoor Smokers? ❑ Yes ❑ No Indoor Pets? ❑ Yes ❑ No Firearms? ❑ Yes ❑ No Lead paint ❑ Yes ❑ No ❑ Unknown
Daytime care: ❑ Licensed daycare ❑ Family member/friend ❑ Preschool ❑ School	**Home Electronics:** Hours of TV watching per day: Hours of Computer/video games per day:
Education: School : Grade : Any behavior/learning concerns?	**Sports:** Types of sports played:

FAMILY HISTORY			
	Age/Age of death	Illnesses	Cause of death
Father	❑Living ❑Deceased		
Mother	❑Living ❑Deceased		
Brothers	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
Sisters	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
Maternal Grandfather	❑Living ❑Deceased		
Maternal Grandmother	❑Living ❑Deceased		
Paternal Grandfather	❑Living ❑Deceased		
Paternal Grandmother	❑Living ❑Deceased		