

Today's Date: \_\_\_\_\_

**Welcome! In order to provide the best care for your child, we ask that you complete the following health history in detail.**

**Thank you.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for the visit today: \_\_\_\_\_  
\_\_\_\_\_

Is there anything you are worried about today? \_\_\_\_\_  
\_\_\_\_\_

Has your child *ever had* or *have* problems with any of the following (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> General Wellness    | <input type="checkbox"/> Eyes                     |
| <input type="checkbox"/> Ears, Nose, Throat  | <input type="checkbox"/> Stomach/Digestion        |
| <input type="checkbox"/> Lungs/Breathing     | <input type="checkbox"/> Heart/Circulation        |
| <input type="checkbox"/> Genital/Urinary     | <input type="checkbox"/> Neurological             |
| <input type="checkbox"/> Blood/Lymph         | <input type="checkbox"/> Skin                     |
| <input type="checkbox"/> Mood/Psychological  | <input type="checkbox"/> Thyroid/Endocrine/Growth |
| <input type="checkbox"/> Muscles/Bones/Joint | <input type="checkbox"/> Other                    |

Current Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Current Medications (including over-the-counter): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

**Immunization Status:**                     Up-to-Date                     Not Up-to-Date

**Past Medical History:** \_\_\_\_\_  
\_\_\_\_\_

**Past Surgical History:** \_\_\_\_\_  
\_\_\_\_\_

**Social History:**

- Who lives in your home? \_\_\_\_\_
  
- Does anyone smoke in your home? If yes, who? \_\_\_\_\_  
\_\_\_\_\_
  
- Are there any pets in your home? If yes, what type? \_\_\_\_\_

**Family History (including asthma/allergies/eczema):**

- Mother: \_\_\_\_\_  
\_\_\_\_\_
  
- Father: \_\_\_\_\_  
\_\_\_\_\_
  
- Brothers/Sisters: \_\_\_\_\_  
\_\_\_\_\_
  
- Grandparents: \_\_\_\_\_  
\_\_\_\_\_

**Is there anything else you would like to tell us about your child?** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Relationship to Child**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**