New Patient Medical History Form (6 months and older)

Patient Name: _____

Date of Birth: _____

Previous medical care: _____ Relationship: _____

Forms completed by: _____

Immunizations & Allergies

Immunization Status: ☐ Uptodate ☐ Not uptodate	Details:
Allergies: ☐ Food ☐ Medication ☐ Environmental	

Pregnancy & Birth History:	Yes	No	
Complications during pregnancy, birth, or after:	☐	☐	Details:
Maternal illness, drug/alcohol use	☐	☐	
Premature or Low Birth Weight	☐	☐	
NICU Stay	☐	☐	

Development & Behavior	Yes	No	
Developmental Concerns:	☐	☐	Details:
Learning Disabilities:	☐	☐	
Behavior Concerns:	☐	☐	

Past Medical History	Yes	No	
Current Medical Problems:	☐	☐	Details:
Surgical History:	☐	☐	
Hospitalizations:	☐	☐	
Medications/Supplements:	☐	☐	

Past Medical History Checklist

Condition	Yes	No	Condition	Yes	No
ADHD	☐	☐	Diabetes	☐	☐
Asthma/Wheezing	☐	☐	Thyroid Disease	☐	☐
Vision/Hearing Problems	☐	☐	Physical Disability	☐	☐
Seizures	☐	☐	Physical/Emotional/ Sexual Abuse	☐	☐
Skin Problems	☐	☐	Birth defects	☐	☐
Heart Disease	☐	☐	Failed hearing test at birth	☐	☐

Please do not forget to complete the reverse side of this form

Details:

Family Medical History:

(Father-F, Mother-M, Brother-B, Sister-S, Maternal GPs-MM or MF, Paternal GPs-FF or FM, Uncle-U, Aunt-A)

CONDITION	YES	NO	CONDITION	YES	NO
Asthma	☐	☐	Learning/Attention Deficits	☐	☐
Heart Disease	☐	☐	Cancer	☐	☐
Hypertension (HTN)	☐	☐	Family Violence	☐	☐
High Cholesterol (HLD)	☐	☐	Diabetes	☐	☐
Blood disorders/sickle cell	☐	☐	Thyroid Disease	☐	☐
Seizures	☐	☐	Sudden Death (BOLD)	☐	☐
Migraines	☐	☐	Alcohol/Drug Abuse	☐	☐
Hearing Loss	☐	☐	Other	☐	☐
Vision Problems	☐	☐			

Details:

Family Profile

Total Family Members: Adults: Children:

Parents are: ☐ Together ☐ Married ☐ Separated ☐ Divorced

Child lives with: ☐ Father ☐ Mother ☐ Two homes ☐ Other

Pets: ☐ Yes ☐ No (Type /number):

Water Source: ☐ Well ☐ City

Exposure to Smoking: ☐ Yes ☐ No

Parents Name	Age	Occupation	Health Problems
			☐ Yes ☐ No
			☐ Yes ☐ No

Siblings of Patient	Age	Gender	Full/Half	Health Problems
			☐	☐ Yes ☐ No
			☐	☐ Yes ☐ No
			☐	☐ Yes ☐ No

Notes: