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Primary Care Alliance

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Past Medical History

Date: _____

Child's name: _____

Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth history

Any problems during pregnancy? ❍ Yes ❍ No

Describe: _____

Any problems with labor/delivery? ❍ Yes ❍ No

Describe: _____

Any problems as a newborn? ❍ Yes ❍ No

Describe: _____

Birthweight: _____

❍ Full-term ❍ Premature, _____ weeks early

Growth and development

Any concerns about your child's:

Development ? ❍ Yes ❍ No
Physical growth? ❍ Yes ❍ No
Speech? ❍ Yes ❍ No
School performance? ❍ Yes ❍ No
Behavior? ❍ Yes ❍ No
Mental health? ❍ Yes ❍ No

Describe: _____

_____

_____

Medical conditions

Has your child had any medical treatments in past? ❍ Yes ❍ No

Has your child been seen by any specialist doctors?
For what problems? Please list:

_____

Has your child been treated by any alternative medicine provider, such as chiropractor, acupuncturist, homeopathic doctor, herbalist, or other therapist? ❍ Yes ❍ No

Please list: _____

Allergies

Does your child have any allergies to medicines, foods, animals, plants, indoor allergens? ❍ Yes ❍ No

Allergic to: _____ What happens? _____

Allergic to: _____ What happens? _____

Hospitalizations

Has your child ever been in a hospital overnight? ❍ Yes ❍ No

Hospital:_____ Diagnosis: _____ Year: ____

Hospital:_____ Diagnosis: _____ Year: ____

Surgeries

Has your child ever had any surgery/operation? ❍ Yes ❍ No

Hospital:_____ Surgery:_____ Year: ____

Hospital:_____ Surgery:_____ Year: ____

Family history

List names of relatives with any of the following illnesses/conditions.

❑ Allergies _____
❑ Arthritis _____
❑ Asthma _____
❑ Blood disease _____
❑ Cancer _____
❑ Diabetes _____
❑ Heart disease _____
❑ High blood pressure _____
❑ High cholesterol _____
❑ Learning problems _____
❑ Mental illness _____
❑ Seizures _____
❑ Sudden death _____
❑ Thyroid disease _____

Social history

Who lives at home with your child? _____

Any animals in the home? ❍ Yes ❍ No What kind? _____

Any smoking in the home? ❍ Yes ❍ No Who? _____

Is your child in daycare? ❍ Yes ❍ No Where? _____