## Providence Medical Group – Camas

Mother's name_____ Age_____ Patients Name_____

Father's name_____ Age_____ Patient's date of birth___/____/_____

**Family history** Siblings' names:_____

Are the child's parents both in good health yes/no

Check any diseases that the child's parents, grandparents, brothers, sisters, aunts or uncles have had:

| | | |
|---|---|---|
| ____Asthma | ____Allergies | ____Diabetes |
| ____High blood pressure | ____Heart disease before age 50 | ____High cholesterol |
| ____Seizures | ____Cancer | ____Tuberculosis |
| ____Kidney stones | ____Sudden unexplained death | ____Mental illness |

List any other significant chronic illnesses in the family:_____

Is there a smoker in the household? Yes/No
Do both parents live at home? Yes/No If "No", with whom does the patient live?_____
Is there a gun in the household? Yes/No If "Yes", is it securely locked?_____

Pregnancy and Birth

Mother's age at child's birth _____

Did mother have an illness during pregnancy? Yes/No List the illness:_____
Did she take medications other than vitamins? Yes/No List the medications:_____
Was the baby premature? Yes/No If "Yes", the baby was born at _____ weeks
What was the birth weight? _____
What type of delivery? _____
Did the baby have trouble while in the hospital? Yes/No If "Yes", what kind of trouble?_____

**Past Medical History (these questions refer to the child)**

Any allergic reactions to medications, foods,
Insect bites or stings? Yes/No If "Yes", which ones?_____
Any reactions to immunizations? Yes/No If "Yes", which ones?_____
Any hospitalizations? Yes/No Why, at what age?_____
Any surgeries? Yes/No What kind, at what age?_____
Any serious injuries? Yes/No What kind, at what age?_____
Any medications taken regularly? Yes/No What kind?_____

Check any medical problems your child has had:

| | | |
|---|---|---|
| ____Frequent ear infections | ____Frequent strep throat | ____Asthma |
| ____Pneumonia | ____Allergies | ____Constipation |
| ____Seizures | ____Heart problems | ____Vision/hearing problem |
| ____Urinary tract infections | ____Anemia | |

List any other medical problems your child has that is not listed above:_____