PATIENT NAME _____

PATIENT DOB _____

Holliston Pediatric Group

OFFICES IN HOLLISTON & MILFORD

Medical History Review

Today's date: _____

Your Pediatrician (please circle): Gfeller Heppen Kula Kumar Ryan Urban Vespole Zisblatt

Past Medical History

Any complications with pregnancy or birth? ❍No ❍Yes (describe): _____

Was your child born: ❍early ❍late ❍on time Birthweight: _____

Has your child ever had an allergic reaction to:

Medicine? ❍No ❍Yes (describe) _____

Food? ❍No ❍Yes (describe) _____

Animals? ❍No ❍Yes (describe) _____

Insect bites? ❍No ❍Yes (describe) _____

What medications does your child take on a regular basis? _____

_____

Hospitalizations (when/where/why): _____

_____

Surgeries (when/where): _____

_____

Serious injuries (when/where): _____

_____

Other significant past history? (i.e. asthma, seizures, diabetes, migraines)

_____

_____

PATIENT NAME _____

PATIENT DOB _____

Family History

Biological Mother's age: _____ **Mother's health history:** _____

Biological Father's age: _____ **Father's health history:** _____

Sibling (name/age):

1) _____ 3) _____
2) _____ 4) _____

Please check any of the following if present in your family: (indicate family relationship to patient)

- ❍Alcoholism_____
- ❍Allergic rhinitis_____
- ❍Anemia/Blood disorder_____
- ❍Arthritis_____
- ❍Asthma/Reactive airway disease_____
- ❍Attention Deficit Disorder (ADD)_____
- ❍Birth defects_____
- ❍Blood clots_____
- ❍Cancer_____
- ❍Colitis_____
- ❍Deafness_____
- ❍Depression/Anxiety_____
- ❍Diabetes_____
- ❍Drug Problem_____
- ❍Epilepsy/Seizures_____
- ❍Heart disease_____
- ❍High cholesterol_____
- ❍Learning issues/Developmental delay___
- ❍Melanoma_____
- ❍Migraine_____
- ❍Stroke_____
- ❍Sudden cardiac death_____
- ❍Sudden infant death_____
- ❍Thyroid problems_____

Do any other medical problems/illnesses run in your family? ❍Yes ❍No
If yes, please describe: _____

Social History

Parents' name and occupation: **Parent 1:** _____

Parent 2: _____

Parents: ❍Single ❍Married ❍Separated ❍Divorced ❍Widowed

Which parent(s) does your child live with: _____

Who else lives at home with your child? _____