HOLLAND PEDIATRIC ASSOCIATES, PLC

926 Washington Ave., Building C • Holland, MI 49423 • www.hollandpediatrics.com • P: 616.393.0166 • F: 616.393.0167

PATIENT HISTORY FORM

Today's Date:_____

WELCOME!

PATIENT

First Name:_____
(LEGAL First Name)

Last Name:_____
(LEGAL Last Name)

Birthdate: _____ ☐ Male ☐ Female

FORM COMPLETED BY

First Name:_____

Last Name:_____

Relationship to Patient: _____

MEDICATIONS

Please list all medicine your child is prescribed and routinely takes. Please include the name, strength and dose of each medication.

_____

_____

_____

_____

ALLERGIES

Please list allergies your child has:

MEDICINE

_____

_____

_____

FOOD

_____

_____

_____

OTHER

_____

_____

_____

_____

HEALTH HISTORY

PREGNANCY AND BIRTH

What was your child's birth weight?_____

Please check *YES* or *NO* for the following questions:

	YES	NO
Was your child premature?	☐	☐
Were there any complications at birth?	☐	☐
During pregnancy, was mother prescribed any medication?	☐	☐
During pregnancy, did mother drink alcohol or use drugs?	☐	☐

If yes to any of the above questions, please explain:

_____

_____

_____

ILLNESS/INJURY
(check if your child has or had)

☐ ADHD	☐ Eczema
☐ Asthma	☐ Head Injury/Concussion
☐ Broken Bone	☐ Heart Trouble/Murmur
☐ Cancer/Tumor	☐ Kidney/Bladder Problem
☐ Diabetes	☐ Seizures
☐ Ear Infection 3+ Times	☐ Other: _____

HOSPITALIZATIONS

Date	Reason
_____	_____
_____	_____

SURGERIES

Date	Reason
_____	_____
_____	_____

OTHER DOCTORS/DENTISTS SEEN

Date	Reason
_____	_____
_____	_____

DISPONIBLE EN ESPAÑOL SI USTED LO NECESITA

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SOCIAL HISTORY

Please list all those residing in the same household and their relationship to the child:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are there siblings not listed above? If so, please list their name, ages and where they live:

_____

_____

If one or both parents do not reside in the same household, what is the living situation?

☐ Joint Custody ☐ Lives with adoptive parents

☐ Single Custody ☐ Lives with foster parents

☐ Other: _____

If one or both parents are not living in the home, how often does the child see the parent(s) not in the home?

_____

_____

Do you have pets?

☐ Cat ☐ Dog ☐ Reptile ☐ Other: _____

Please check *YES* or *NO* for the following questions:

	YES	NO
Have there been any major family changes in the past year?	☐	☐
Are parents divorced or separated?	☐	☐
Does your child have a step-parent?	☐	☐
Has a parent or sibling passed away?	☐	☐
Has a parent been treated for substance abuse?	☐	☐
Does your child live in a home without working smoke detectors?	☐	☐

If yes for any of the above questions, please explain:

_____

_____

_____

FAMILY HISTORY

For the health conditions and diagnoses below, please indicate any of the following relation: dad, mom, sisters, brothers, grandparents, aunts, uncles and first cousins. Also, please indicate if the condition is on the paternal (father's) or maternal (mother's) side of the family.

	Paternal	Maternal
___ Alcoholism	_____	_____
___ Anemia/Low Blood Count	_____	_____
___ Arthritis/Lupus	_____	_____
___ Asthma	_____	_____
___ Birth Defects	_____	_____
___ Cancer or Tumor	_____	_____
___ Deafness/Blindness	_____	_____
___ Diabetes	_____	_____
___ Eczema	_____	_____
___ Heart Disease	_____	_____
___ High Blood Pressure	_____	_____
___ High Cholesterol	_____	_____
___ HIV/AIDS	_____	_____
___ Kidney Disease	_____	_____
___ Mental Illness	_____	_____
___ Seizures	_____	_____
___ Suicide/Violent Death	_____	_____
___ TB	_____	_____
___ Thyroid Problems	_____	_____
___ Other: _____	_____	_____

SCHOOL

Please check *YES* or *NO* for the following questions:

	YES	NO
Does your child have learning difficulties?	☐	☐
Are there classroom behavior concerns?	☐	☐
Does your child have difficulties with socialization?	☐	☐

If yes of any of the above questions, please explain:

_____

_____

_____

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