

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CHIEF COMPLAINT:** Please tell us why your child is here today.

**Mark M for Mother (and her family), F for Father (and his family) in the family column, B for brother of patient and S for sister of patient and P for patient in the patient column for the person that had the disease; otherwise please leave the slot blank.**

DISEASE	Family	Patient	DISEASE	Family	Patient
Depression/Bipolar	_____	_____	Heart Attacks	_____	_____
Psych/Suicide	_____	_____	Congenital Heart Disease	_____	_____
Seizures	_____	_____	Genetic Diseases	_____	_____
Anemia	_____	_____	Reflux Stomach/Kidney	_____	_____
Cerebral Palsy	_____	_____	Hepatitis A B C - Circle One	_____	_____
Sickle Cell/Trait	_____	_____	Crohns Disease	_____	_____
Bleeding Problems	_____	_____	Ulcerative Colitis	_____	_____
Allergies	_____	_____	Kidney Infections/UTI	_____	_____
Thyroid Problems	_____	_____	Diabetes	_____	_____
Asthma	_____	_____	Arthritis/Rheumatoid Arthritis	_____	_____
Cystic Fibrosis	_____	_____	Stroke	_____	_____
High Cholesterol	_____	_____	Hypertension	_____	_____
Cancer	_____	_____	Skin infections	_____	_____

**Your child's birth history is important to us. Please write in or circle the following information.**

Birth weight \_\_\_\_\_ C-Section \_\_\_\_\_ Vag Delivery \_\_\_\_\_ Premature \_\_\_\_\_ wks early

**Problems with your baby - please circle**

Ventilator	Oxygen
Bleed into Brain	Jaundice
Feeding Problems	Infections

**Age**

**Surgeries** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies to Medicines** \_\_\_\_\_

**Medicines taking presently** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Immunizations: Please circle** Up to date or Behind

**Symptoms your child has had in last 3 days: Please circle**

Abdominal Pain	Appetite decrease
Back pain	Constipation
Coughing	Diarrhea
Pain on urination	Ear pain
Eye discharge	Fatigue
Fever	Headache
Irritable	Joint Pain
Muscle Pain	Nausea or vomiting
Rash	Runny or stuffy nose
Shortness of breath	Sleeping problems
Sore Throat	Wheezing

Primary Pharmacy \_\_\_\_\_