



## Past Medical History

Current Medicines: \_\_\_\_\_

Allergies: \_\_\_\_\_

### **Medical History**

**BIRTH HISTORY** (Please list Birth Weight, any Pregnancy Complications or Birth Complications)

\_\_\_\_\_

**ONGOING ILLNESSES** (Please list any ongoing medical illnesses. i.e. Asthma, Eczema, Heart Murmurs, etc.)

\_\_\_\_\_

\_\_\_\_\_

### **Hospitalizations / Surgeries**

(Please list any Hospitalization &/or Surgeries, include dates and reasons)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Family History**

(Please list any history of medical conditions or genetic disorders for immediate family members: parents and siblings)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Social History**

Are birth parents married to each other?      Y      N

Smokers at home?      Y      N

Is patient in daycare?      Y      N

Pets at home?      Y      N

Family Religion? \_\_\_\_\_

Types of pets? \_\_\_\_\_