



Trinity Pediatrics, PA

Family & Patient's Past History

Patient's Name: _____ Date of Birth: _____

Health Problems of patient's parents: _____

Health Problems of patient's siblings: _____

Use the list below to identify any illnesses that run in the family or that are in the past history of the patient: Feel free to add any other illnesses not included in the list.

| Condition | No | If yes for FAMILY MEMBER: identify relationship. | If yes for PATIENT: indicate age when diagnosed or appearance of first symptoms. |
|---------------------------------|----|---|--|
| Allergies | | | |
| Anemia | | | |
| Asthma, Emphysema | | | |
| Birth Defects | | | |
| Blood Disease | | | |
| Bone / Muscle Disease | | | |
| Cancer (specify) | | | |
| Chicken Pox Disease | | | |
| Cystic Fibrosis | | | |
| Diabetes () Adult () Juvenile | | | |
| Drug / Alcohol Abuse | | | |
| Eye / Ear Disorders | | | |
| Heart Disease | | | |
| High Blood Pressure | | | |
| Hyperactivity | | | |
| Infections (Frequent / Severe) | | | |
| Kidney / Liver Disease | | | |
| Learning Problems | | | |
| Mental Illness / Retardation | | | |
| Metabolic / Genetic Disease | | | |
| Nerve Disorder (Epilepsy, C.P.) | | | |
| Obesity | | | |
| Rheumatic Fever | | | |
| Sickle Cell Trait / Disease | | | |
| TB or Exposure | | | |
| Thyroid Disease | | | |
| | | | |
| | | | |

(Complete and explain when applicable FOR THE PATIENT ONLY)

Hospitalizations or surgeries? _____

Any adverse reaction to medications? _____

Any adverse reaction to immunizations? _____

Does your child hear/see well? _____

Does your child seem to be developing normally? _____

Is your child's speech understandable most of the time? _____

Does your child have any current problems? _____