



Reviewed By: _____ Date: _____

PATIENT HISTORY

NAME _____ Male Female

First _____ Middle _____ Last _____ Race _____

Name child is called by _____ Birthdate _____

Where was the child born? _____ Obstetrician _____

Is child adopted? _____ At what age? _____ Is child aware? _____

Full term pregnancy? _____ Premature? _____ Type of delivery? _____

Mother: Have you had breast surgery? _____

Did you take hormones or medicines during pregnancy? _____

Problems at birth or in first few weeks? _____

Birth wt. _____ Length _____ Head Circ. _____ Apgar _____

Is your child taking medication now? _____

FAMILY HISTORY

Please let us know if there is a family history for any of these medical conditions. Please consider all family members related to the child including siblings, parents, aunts, uncles, grandparents, and cousins. Circle **YES** or **NO** to confirm each a positive or negative response to each question.

YES OR NO	ADHD	YES or NO	Obesity
YES or NO	Allergies	YES or NO	Hip Disorders in Infancy
YES or NO	Asthma/Wheezing	YES or NO	Kidney Disease
YES or NO	Birth Defects	YES or NO	Mental Problems
YES or NO	Bleeding Tendencies	YES or NO	Thyroid Disease
YES or NO	Eczema	YES or NO	Tuberculosis
YES or NO	Early Heart Attacks	YES or NO	Lazy Eye
YES or NO	Emotional Problems	YES or NO	Other Heart Disease
YES or NO	Epilepsy	YES or NO	Other Illnesses
YES or NO	High Blood Pressure	YES or NO	

SOCIAL HISTORY

	BIRTH DATE	HT.	WT.	EDUCATION LEVEL
MOTHER				
FATHER				

Healthy Kids R Us, P.C.
 11 Dunwoody Park, Suite 190
 Dunwoody, GA 30338

Phone: 770-558-3150
 Fax: 770-558-3511

SOCIAL HISTORY (CONTINUED)

Has there been a separation, divorce, or death? _____ When? _____

Who is legal guardian? _____ With whom does child live? _____

Has there been a remarriage? _____ What has been the attitude of your child to the situation? _____

1. Do you and your family have a religious preference? YES NO If yes, please list: _____
2. Parent's Marital Status: SINGLE MARRIED DIVORCED WIDOW
3. Has child's behavior changed due to recent changes in family status? If so, specify: _____
4. Do you have a gun at home? YES NO
5. Are there pets at home? YES NO If so, specify: _____
6. Does anyone at home smoke? YES NO
7. Is the family experiencing any financial hardships? YES NO
8. Do the parents mostly agree or disagree with how to raise the children? AGREE DISAGREE
9. List all family members living in the same home as the child or children:

This form completed by _____ Date _____ Relation to patient _____