



# FACEY MEDICAL GROUP

An affiliate of PROVIDENCE Health & Services

## Pediatric Medical History

(Please complete as accurately as possible)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CHART #: \_\_\_\_\_  
Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

**Current Medications & Vitamins:** None Yes (list) \_\_\_\_\_  
**Allergies:** None Yes (list) \_\_\_\_\_

### Birth and Development

Type of Delivery: \_\_\_\_\_ Pregnancy Problems (if any): \_\_\_\_\_  
Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_ Breast or Bottle Fed? \_\_\_\_\_  
Any Problems after Birth: \_\_\_\_\_  
Sat up (month): \_\_\_\_\_ Stood: \_\_\_\_\_ Walked: \_\_\_\_\_ Words: \_\_\_\_\_ Sentences: \_\_\_\_\_ First Teeth: \_\_\_\_\_ Toilet Trained: \_\_\_\_\_  
Current School Grade: \_\_\_\_\_ School Marks: \_\_\_\_\_

### Health History

	Yes	No		Yes	No		Yes	No
Measles			Mumps			Chicken Pox		
Rubella			Rheumatic Fever			Scarlet Fever		
Strep Throat			Allergies			Hives		
Ear Infections			Frequent Colds			Seizures		
Asthma			Bronchitis/Pneumonia			Pneumonia		
Urine Infections			Constipation			Diarrhea		
Jaundice			Bleeding Problems			Hepatitis		
Behavior Problems			Eczema			Anemia		
Overweight			Heart Problems			Lazy Eyes		
Hearing/Vision Problems			Dental Problems			Immunization Reactions		
<b>Surgeries</b> <i>If yes, list surgeries</i>								
<b>Hospitalizations</b> <i>If yes, what for?</i>								
<b>Other:</b> _____								

### Family History

Family Member	Age	Health Conditions (if any)	Has any blood relative had any of these conditions?		Who
			Yes	No	
Father					
Mother					
Brothers					
Sisters					

### Social History

How many people live in your household? \_\_\_\_\_ Types of pets at home: \_\_\_\_\_  
Smokers at home? *If yes, how many?* \_\_\_\_\_  
Does your child live in or regularly visit an old house built before 1960? Yes No  
If yes, has the house recently had, is presently having, or will have renovations done? Yes No  
Caretaker when not at school \_\_\_\_\_  
Parents: Married Single Divorced Parents' Occupations: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_