



## Patient History

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please list all other individuals living in the child's home:

| Name | Relationship to Child | Birthdate | Biological Parent<br>Y / N | Adoptive Parent<br>Y / N | Foster Parent<br>Y / N | Other |
|------|-----------------------|-----------|----------------------------|--------------------------|------------------------|-------|
|      |                       |           |                            |                          |                        |       |
|      |                       |           |                            |                          |                        |       |
|      |                       |           |                            |                          |                        |       |
|      |                       |           |                            |                          |                        |       |

Are the child's parents: \_\_\_\_\_ if 'Other' please specify \_\_\_\_\_

If divorced: \_\_\_\_\_

If one/both parents do not live in the home, how often does the child see the parent(s)? \_\_\_\_\_

Are there siblings not listed above? If so, please list their names, dates of birth, and where they live:

Which languages are spoken regularly in the home? \_\_\_\_\_

Does anyone besides parents provide care for your child? (i.e. relatives, nanny, friend)

If yes, who: \_\_\_\_\_

Does your child attend daycare? \_\_\_\_\_ Is your child in school? \_\_\_\_\_

Are there guns in the home? If yes, are they locked?

Are there pets in the home? If yes, what kinds? \_\_\_\_\_

Is there any tobacco/vaping/marijuana exposure?

What are the parent's/parents' occupations? \_\_\_\_\_

Does your family have dietary preferences/restrictions (please list)? \_\_\_\_\_

### Medical History

Were there any significant complications during pregnancy or delivery for your child?

Does your child have any major medical problems for which they are followed by a doctor or specialist?

Has your child had any surgeries or hospitalizations? \_\_\_\_\_

Any Emergency Room visits over the past year (for example: concussions, broken bones, or asthma attacks)?