# Health History Form

Patient name: _____ Date of birth: _____ Sex: ☐ M ☐ F
Name of person completing this form: _____ Today's date: _____
Child's previous primary care provider: _____ Approximate date of child's last well-child checkup: _____

**Past Medical History**
Your child has been DIAGNOSED with (check all that apply):

- ☐ ADD/ADHD Age: ___
- ☐ Allergies/hay fever Age: ___
- ☐ Anemia Age: ___
- ☐ Asthma Age: ___
- ☐ Autism Age: ___
- ☐ Blood disorder/sickle cell Age: ___
- ☐ Broken bones (detail below) _____ Age: ___
- ☐ Cancer (type) _____ Age: ___
- ☐ Celiac disease Age: ___
- ☐ Chicken pox Age: ___
- ☐ Constipation Age: ___
- ☐ Developmental delay/learning disability Age: ___
- ☐ Diabetes Age: ___
- ☐ Frequent ear infections Age: ___
- ☐ Gastro-esophageal reflux/ulcers Age: ___
- ☐ Headaches/migraines Age: ___
- ☐ Hearing problem Age: ___
- ☐ Heart problem/murmur Age: ___
- ☐ Pneumonia/bronchiolitis Age: ___
- ☐ Psychosocial disorder (anxiety, depression, substance abuse) Age: ___
- ☐ Scoliosis Age: ___
- ☐ Seizures/epilepsy Age: ___
- ☐ Skin problem (acne, eczema, etc) Age: ___
- ☐ Thyroid problem Age: ___
- ☐ Urinary tract infection Age: ___
- ☐ Vision problem Age: ___
- ☐ Weight problem Age: ___
- ☐ Other _____ Age: ___

**Current Medications** (include name, dose and OTC meds)
☐ None
_____
_____
_____

**Allergies to Medications** (if yes, list name, reaction)
☐ None
_____
_____
_____

**Surgeries** (check if yes)
☐ None
- ☐ Adenoidectomy Age: ___
- ☐ Circumcision Age: ___
- ☐ Ear tubes Age: ___
- ☐ Hernia repair Age: ___
- ☐ Tonsillectomy Age: ___
- ☐ Other _____ Age: ___

**Hospitalizations**
☐ None
_____ Age: ___
_____ Age: ___

**Other**
For females, first menstrual period Age: ___
Has your child ever had a
- Blood transfusion? ☐ Y ☐ N
- Serious injury/accident? ☐ Y ☐ N
- Concussion ☐ Y ☐ N

**Family History**
Please check diagnosis given to CHILD'S relatives. ☐ **UNKNOWN**

M=mother, F=father, B=brother, S=sister, MGM= maternal grandmother, MGF=maternal grandfather, PGM=paternal grandmother, PGF=paternal grandfather; O=other relative

| Diagnosis of relative | Relationship to child | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Allergies | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Anemia | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Asthma | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Blood disorder/sickle cell | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Cancer | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Hearing problems | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Diabetes | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Genetic disorder | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Heart disease before age 55 | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ High blood pressure | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ High cholesterol | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Kidney disease | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Intellectual disability | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Psychosocial disorder (anxiety, depression, addiction, etc) | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Seizures/epilepsy | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Stroke before age 55 | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Sudden/unexplained death | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Hepatitis/liver disease | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Immune system diseases | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |
| ☐ Other _____ | ☐ M | ☐ F | ☐ B | ☐ S | ☐ MGM | ☐ MGF | ☐ PGM | ☐ PGF | ☐ O |

**Immunizations**
Are your child's vaccines/immunizations up to date? ☐ Yes ☐ Do not know ☐ No, please explain_____

**Social/Environmental**
Who lives at home (please list every household member)?

| Name | Relationship | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Parents: ☐ Married ☐ Unmarried ☐ Separated ☐ Divorced, ☐ Widowed; if divorced/separated, when: _____
If applicable, what is your child's time sharing/custody status?_____
Do you have any inside or outside pets? ☐ No ☐ Yes; if yes, type: _____
Do any household members smoke? ☐ No ☐ Yes; if yes, who: _____
Does your child regularly visit a dentist? ☐ No ☐ Yes

**Birth History**
Is the child yours by: ☐ Birth ☐ Adoption ☐ Stepchild ☐ IVF birth (no donor/donor) Birth weight: _____

***Adopted Children Only:*** Is your child aware they are adopted? ☐ Yes ☐ No
Was the adoption international? ☐ Yes ☐ No If yes, what country? _____

Was your baby born: ☐ Term (37-42 weeks) ☐ Preterm (<=36 weeks) Delivery: ☐ vaginal ☐ C-section
Pregnancy complications: ☐ None ☐ Infection(s) ☐ Diabetes ☐ Pre-Eclampsia ☐ Other: _____
During pregnancy, did mother take any medications? ☐ No ☐ Yes; if yes, list medications: _____
During pregnancy, did mother smoke, use drugs or alcohol? ☐ No ☐ Yes; if yes, explain: _____
Birth/newborn complications:☐ No ☐ Yes; if yes, explain: _____
_____

**Nutrition and Feeding**
Has your child had any unusual feeding/dietary problems or food allergies?
☐ No ☐ Yes; if yes, explain: _____
_____

**Development**
Has your child ever required therapy services (speech, physical, behavioral, etc.)? ☐ No ☐ Yes

- Any concerns about your child's physical development? ☐ No ☐ Yes; if yes, explain: _____
  _____
- Any concerns about your child's mental/emotional/behavioral development? ☐ No ☐ Yes; if yes, explain: _____
  _____

**School History**
Does your child attend daycare or school? ☐ No ☐ Yes, where _____
Current grade: _____

- Has your child experienced problems in school (failed/repeated a grade, special classes, IEP, etc)? ☐ No ☐ Yes; if yes, explain:
  _____
  _____
- Any concerns about your child's school performance or behavior? ☐ No ☐ Yes; if yes, explain: _____
  _____

☐ Please check here if you would be interested in receiving information regarding community resources or if you would be interested in speaking with a Nemours Children's Health Financial Support Counselor.