

# SOUTHWEST FAMILY PHYSICIANS

## Physicians and Surgeons

### Child Personal Health History

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Birth Wt. \_\_\_\_\_ Birthplace \_\_\_\_\_ Dr. Delivering \_\_\_\_\_

#### A. HEALTH

Has this child ever had any of the following:

	(yes)	(no)		(yes)	(no)
1. Allergies	_____	_____	13. Fainting Spells	_____	_____
2. Anemia	_____	_____	14. Hay Fever	_____	_____
3. Asthma	_____	_____	15. Head Injury	_____	_____
4. Behavioral Prob.	_____	_____	16. Hernia	_____	_____
5. Broken Bones	_____	_____	17. Kidney Trouble	_____	_____
6. Cancer	_____	_____	18. Rheumatic Fever	_____	_____
7. Complication from Childhood Disease	_____	_____	19. Rheumatism / Arthritis	_____	_____
8. Diabetes	_____	_____	20. Severe Headaches	_____	_____
9. Dislocation	_____	_____	21. Sexually transmitted Disease	_____	_____
10. Ear Trouble	_____	_____	22. Skin Condition	_____	_____
11. Seizures	_____	_____	23. Tumor	_____	_____
12. Eye Trouble	_____	_____	24. Yellow Jaundice	_____	_____

Has this child ever been hospitalized for any illness or operation? If yes, please list giving reason and dates.

Immunization record: Please be prepared to supply information to the nurse. \_\_\_\_\_

List medications this child is now taking:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

#### B. Personal & Family Habits

1. Does anyone in your family smoke? \_\_\_\_\_
2. Does anyone in your family drink alcoholic beverages? \_\_\_\_\_
3. Has anyone in your family now or in the past used street drugs? \_\_\_\_\_ Type: \_\_\_\_\_
4. Are there any firearms (guns) in your home at all? \_\_\_\_\_
5. Do you regularly use sunscreen on your child? \_\_\_\_\_

#### C. Family History

	Yes	No	Relationship to Child
Condition			
Cancer	_____	_____	_____
Tuberculosis	_____	_____	_____
High Blood Pressure	_____	_____	_____
Diabetes	_____	_____	_____
Kidney Stones	_____	_____	_____
Epilepsy	_____	_____	_____
Mental/Nervous Disorder	_____	_____	_____
Heart Disease	_____	_____	_____