Pomona Pediatrics PC

PAST MEDICAL FAMILY AND SOCIAL HISTORY

CHILD'S NAME:_____ **Date of Birth:**_____

PARENTS:
Name: _____ Date of Birth:_____
Medical Problems: _____
Name: _____ Date of Birth:_____
Medical Problems: _____
Child Adopted ▢

FAMILY HISTORY:
High Blood Pressure ▢ Heart Disease ▢ High Cholesterol ▢ Kidney disease ▢ Asthma ▢
Hay Fever ▢ Allergies ▢ Arthritis ▢ Bleeding Tendency ▢ Anemia ▢ Ulcers ▢ Colitis ▢
Cancer ▢ Migraines ▢ Seizures ▢ Deafness ▢ Visual Problems ▢ Genetic Conditions ▢
Thyroid Disease ▢ Diabetes ▢ Other ▢
Please explain (including relationship to patient): _____
_____

SOCIAL HISTORY:
Who lives with your child?_____
Are there other regular caretakers besides the parents?_____
If so, who? _____
Was your home built before 1960? yes ▢ no ▢
Is your child exposed to anyone who smokes? yes ▢ no ▢
Is your hot water heater set to 120 degrees? yes ▢ no ▢
Are there siblings at home? yes ▢ no ▢ If yes, name(s) and age(s)_____

PAST MEDICAL HISTORY:
Chronic Illness:_____
Hospitalizations (including year):_____
Surgeries (including year):_____
Allergies to medications (including reaction): _____
Allergies to food: _____
Medical Specialists: _____
Chronic Medications: _____