35054 23 Mile Rd., Suite 101
New Baltimore, MI 48047
(586) 725-2670

25650 Kelly Rd., Suite 13
Roseville, MI 48066
(586) 774-7710

Roger Abiragi, M.D. *Kevin Kutskill, M.D.* *Carol Abiragi, M.D.*
Leo Moschouris, M.D. *Nicole Beliveau, M.D.* *Amber Sikorski, D.O.*

Past Medical **History**

Please fill-out the following list as accurately as possible to help us create a thorough electronic medical record of your child/minor.

Name of Child/Minor: _____ Birthdate: _____

Has your child/minor ever had…

Yes	No	
☐	☐	Abdominal pain/GERD
☐	☐	Allergic rhinitis or other allergy
☐	☐	Anemia or bleeding problem
☐	☐	Animals – Current Pets: _____
☐	☐	Asthma, bronchitis, bronchiolitis, pneumonia or croup
☐	☐	Bed-wetting (after 5 years of age)
☐	☐	Bladder or kidney infection or other Urologic problem
☐	☐	Blood transfusion
☐	☐	Chickenpox
☐	☐	Chronic or recurrent skin problems (acne, eczema, etc.)
☐	☐	Constipation requiring doctor visits
☐	☐	Diabetes
☐	☐	Emotional problems
☐	☐	Eye conditions/corrective lenses
☐	☐	Frequent ear infections or sinus infections
☐	☐	Frequent headaches
☐	☐	Heart problems or heart murmur
☐	☐	Hospitalizations
☐	☐	If female, any problems with periods?
☐	☐	If female, have menstrual periods started?
☐	☐	Indoor allergens
☐	☐	Mental health concerns
☐	☐	Orthopedic problems
☐	☐	Other infectious illnesses
☐	☐	Outdoor allergens
☐	☐	Pharyngitis/tonsillitis
☐	☐	Problems with ears or hearing
☐	☐	Seizures, developmental delays, ADD/ADHD or other neurologic disorder
☐	☐	Serious injuries or accidents
☐	☐	Surgeries
☐	☐	Thyroid or other endocrine problems
☐	☐	Use of alcohol or drugs

Other: _____

Signature: _____ Relationship to Child/Minor: _____

Date: _____