

Patient's (Child's) PREFERRED name:

Mother's PREFERRED name:

Mother's occupation:

Father's PREFERRED name:

Father's occupation:

PATIENT'S (CHILD'S) FAMILY MEDICAL HISTORY

Table with 11 columns (Family members) and 18 rows (Medical conditions) for patient's family medical history.

Other Family Medical History

FAMILY SOCIAL HISTORY

Table with 2 columns (YES, NO) and 7 rows (Social history questions) for family social history.

PAST MEDICAL HISTORY

Current Medications:

Allergies:

Past Hospitalizations:

Past Surgeries:

TUBERCULOSIS (TB) SCREENING

YES NO

- 1. Has any household member had a positive TB skin test or TB disease...
2. Does your child spend time with anyone who has recently been in jail...
3. Was your child born in a high-risk country...
4. Has you or your child traveled and had contact with resident populations...