STEEPLECHASE
PEDIATRIC CENTER

PATIENT HISTORY FORM

DATE: _____

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____

SURGERIES: _____ HOSPITALIZATIONS: _____

SIBLINGS NAMES: _____

MOTHER'S NAME: _____ OCCUPATION: _____

FATHER'S NAME: _____ OCCUPATION: _____

PARENTS MARITAL STATUS: (check where applicable) ☐ MARRIED ☐ DIVORCED ☐ SINGLE ☐ WIDOWED

ALLERGIES: (check where applicable)
☐ No Known Allergies

Drugs	Foods	Other
☐ Aspirin	☐ Peanuts	☐ Animals
☐ Penicillin	☐ Other Foods_____	☐ Insects
☐ Codeine	_____	☐ Seasonal Allergies
☐ Sulfa	_____	☐ Any Other Known Allergies_____
☐ Other Drug_____	_____	_____
_____	_____	_____

MEDICATIONS: (currently being used, check where applicable)
☐ None
☐ Over the Counter_____
☐ Oral Contraceptives_____
☐ Vitamins_____
☐ Herbal _____
☐ Prescription_____
☐ Other_____

PATIENT MEDICAL HISTORY: (check where applicable)

☐ None	☐ Anemia	☐Tuberculosis	☐ Fainting/Dizziness	☐Seizures
☐ Anxiety	☐ AIDS/HIV/STD'S	☐ Diabetes	☐ Headaches	☐ High Blood Pressure
☐ Asthma	☐ GI Problems	☐ Epilepsy	☐ Blood Disorders	☐Congenital Anomaly
☐ Cancer	☐ Mental Illness	☐ Heart Disease	☐Urinary Reflux	
☐ ADHD	☐ Other Chronic Medical Problems _____			

_____

PATIENT SOCIAL HISTORY: (check where applicable)

☐ Drug/Alcohol Usage (teens only)	☐ Is Child Adopted	☐ Has The Child Ever Come In Contact With Mold/Mildew
☐ Smoking (teens only)	☐ Does Child Go To Daycare	☐ Does Any Family Members Smoke
☐ Sexually Active (teens only)	☐ Does Child Have Any Pets	Number Living In Household _____

FAMILY HISTORY: EXAMPLES
■ Alcoholism ■ Blood Disorder ■ Epilepsy ■ Mental Illness ■ Tuberculosis ■ Asthma ■ Convulsions ■ Anemia ■ Cancer ■ Heart Disease ■ Migraines ■ Sudden Death ■ High Blood Pressure ■ Allergies ■ Other (please list below)

Please list any of these examples shown above that apply to the following family members: NO NAMES PLEASE

Father_____

Mother_____

Siblings_____

Father's side:

Child's Paternal Grandfather_____

Child's Paternal Grandmother_____

Mother's side:

Child's Maternal Grandfather_____

Child's Maternal Grandmother_____