

Patient History

Pediatric Associates of Montgomery County

Rockville 301-424-6181
Wheaton 301-933-6440
Silver Spring 301-622-5666
Olney 301-774-7906



Name _____ DOB _____ Today's Date _____ Sex _____

Mother's Full Name _____

Father's Full Name _____

PRENATAL/BIRTH HISTORY

Method of Delivery: Vaginal or C-Section
Premature/ Full term
Birth Weight _____
Problems _____ Place of Birth _____
Age of Mother _____ Age of Father _____
Jaundice: Yes No Phototherapy: Yes No
Maternal medication use _____
Maternal smoking/drug use _____
Breastfed for _____ months

FAMILY/SOCIAL HISTORY

Mom's Education _____ Occupation _____
Dad's Education _____ Occupation _____
Marital Status _____ Child Lives With _____
Number of People Living at Home _____
Grandparent's living with family _____
Smokers? _____ Alcohol/ Drugs/Guns? _____
Pets _____ Siblings Ages _____
Countries of Travel out of USA _____

BEHAVIORAL/DEVELOPMENTAL HISTORY

Significant problems _____

PAST MEDICAL HISTORY

Allergies to medications or food _____
Feeding Problems _____
Operations/Surgery _____
Hospitalizations _____

Medications _____

Other Past Medical Problems not listed above:

FAMILY RELEVANT ILLNESS/HISTORY (include only Mom, Dad, Sisters, Brothers, Aunts, Uncles or Grandparents)

Condition (please circle and give relationship)
Nasal Allergies _____
Asthma _____
Heart Attack <70 years of age _____
Stroke < 70 yrs of age _____
High Blood Pressure _____
High Cholesterol _____
Cancer _____
Diabetes _____
Anemia _____
Bleeding Disorders _____
Sudden Death (<55 yrs of age) _____
Mental Retardation _____
Seizures _____
Neurological disorders _____
Developmental Disorders _____
ADD/ADHD _____
Kidney disease _____
Liver disease _____
Hearing disorders _____
Bedwetting (Older Than 4 years) _____
Vision Disorders/Eye Disease _____
Immune Problems _____
Recurrent Infections/HIV/AIDS _____
Alcohol Drug Abuse _____
Bipolar _____
Other Mental Disorders _____
Tuberculosis _____
Adoption _____
Other Medical Conditions: _____