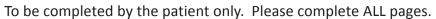
## **Pediatric Primary Care History**

### **CONFIDENTIAL**





Patient's Name: Date:						
Date of Birth:						
Allergies: Please include any MEDIC	ATION or FOOD aller	gies				
☐ No known allergies						
Patient has allergies to: Reaction						
YES NO  Allergic to latex  Allergic to tape						
☐ ☐ Allergic to IV Contrast (>	(-ray Dve)					
Medications (including Prescription, O Much of the information to complete b pharmacy or doctor's office.			les or can be obtained from your			
Name of Medication	Dosage		When is it taken?			
1. 2.						
3.						
4.						
Social History						
Patient lives with (please mark all that			s)			
Are the patient's parents:   Marrie	Other (please specify)					
Are the patient's parents:						
	ted Divorced	ii divorced or separated	, writer:			
Family Members Please list all family members (including people who live with the patient. If the information for both homes.						
Name D	ate of birth	Relationship	Occupation			

PATIENT NAME & ID#

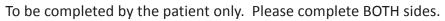
**VIRGINIA MASON MEDICAL CENTER – Seattle WA** 

Pediatric Primary Care History



# **Pediatric Primary Care History**

### **CONFIDENTIAL**





Family	Health	History
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Please include <b>ONLY</b> im	mediate family – parents, siblings, and grandparents
☐ Patient is adopted	☐ Family history is unknown

Condition	NO	YES	If YES, relationship to patient: father, mother, brother, sister, grandmother, grandfather. If sibling, specify which one. If grandparent, specify which family (maternal or paternal).	Details
Allergies				
Asthma				
Atopic dermatitis (Eczema)				
Anxiety/OCD				
Depression				
Bipolar disorder				
Autism				
Attention Deficit Disorder				
Schizophrenia				
Birth defects				
Congenital hip dysplasia (dislocation)				
Developmental Delay (disability)				
Amblyopia (Lazy eye)				
Hearing loss before age 50				
Diabetes (specify type)				
Heart arrhythmia				
Heart attack before age 50				
Abnormal heart valve				
High blood pressure				
High cholesterol				
(hypercholesterolemia)				
Kidney disease				
Clotting or bleeding disorder				
Cervical Cancer				
Breast Cancer				
Ovarian Cancer				
Colon Cancer				
Other cancer occurring before age 50				
Seizures				
Thyroid disorder				
Sudden death				
Suicide				
Other:				
Other:				

PATIENT NAME & ID#

**VIRGINIA MASON MEDICAL CENTER – Seattle WA** 

Pediatric Primary Care History

# **Pediatric Primary Care History**

### **CONFIDENTIAL**



### **Patient's Health History**

To help us p	rovide you with t	he best care v	while you are at	Virginia Mason,	please comp	lete this form	to the b	est of
your ability.	Check all the bo	xes that apply	<b>'</b> .					

☐ No known health conditions						
Medical History Cardiovascular Anemia Bleeding or clotting problem Congenital heart disease (746.9) Heart murmur High blood pressure High cholesterol	Orthopedic (Bones/Joints)  Scoliosis (737.30) Congenital hip dislocation (dysplasia) (754.3) Fracture of, year Fracture of, year Fracture of, year Allergies/Skin Problems					
Endocrine  Diabetes type 1 Diabetes type 2 Hyperthyroidism Hypothyroidism	☐ Seasonal Allergies (allergic rhinitis) ☐ Food Allergies (V15.05) ☐ Eczema (atopic dermatitis) (691.8) ☐ Acne (706.1) ☐ Birth mark:					
Eye/Ear  Amblyopia (lazy eye) Vision Loss Strabismus (eye crossing) Hearing loss Recurrent ear infections	Mental Health  ☐ Anxiety disorder ☐ Attention deficit disorder (314.0) ☐ Depression  Respiratory ☐ Asthma					
Gastrointestinal ☐ Acid Reflux/heartburn/GERD	☐ Wheezing (786.07) ☐ Exercise induced asthma/wheezing					
Infection  ☐ MRSA (Resistant Staph) (V12.04) ☐ Recurrent pneumonia ☐ Recurrent sinus infections	Birth problems  ☐ Prematurity (765.1) ☐ Breech birth ☐ Respiratory distress at birth					
Kidney ☐ Kidney Reflux (vesicoureteral reflux) (593.7)	Surgical History  ☐ No past surgeries					
Neurologic  Learning Disability Migraines Seizure Developmental delay (783.40) Febrile seizures (780.31) Concussion (850)	Appendectomy (47.0) (year)  Ear tubes/PE tubes (20.01) (year)  Tonsillectomy (28.2) (year)  Adenoidectomy (28.6) (year)  Other surgery (year)  Complications with anesthesia:					
Please list any additional health conditions. Include approximate dates and/or patient's age at the time.						
1.						
2.						
3.						
4.						
5.						

PATIENT NAME & ID#

**VIRGINIA MASON MEDICAL CENTER – Seattle WA** 

Pediatric Primary Care History