

Pediatric Primary Care History

CONFIDENTIAL

To be completed by the patient only. Please complete ALL pages.



Patient's Name: _____

Date: _____

Date of Birth: _____

Allergies: Please include any **MEDICATION** or **FOOD** allergies

No known allergies

Patient has allergies to:	Reaction

YES NO

Allergic to latex

Allergic to tape

Allergic to IV Contrast (X-ray Dye)

Medications (including Prescription, Over-the-Counter, Vitamin, Herbal, Supplements)

Much of the information to complete below is on the label of your prescription bottles or can be obtained from your pharmacy or doctor's office.

Name of Medication	Dosage	When is it taken?
1.		
2.		
3.		
4.		

Social History

Patient lives with (please mark all that apply): Father Mother Sibling(s)

Other (please specify) _____

Are the patient's parents: Married Domestic Partners Unmarried Widowed

Separated Divorced If divorced or separated, when? _____

Family Members

Please list all family members (including parents, step-parents, siblings, half-siblings, step-siblings) and additional people who live with the patient. **If the patient lives with one parent and visits the other, please provide information for both homes.**

Name	Date of birth	Relationship	Occupation

Please continue to next page

PATIENT NAME & ID #

VIRGINIA MASON MEDICAL CENTER – Seattle WA

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Family Health History

Please include **ONLY** immediate 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:				

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Patient's Health History

To help us provide you with the best care while you are at Virginia Mason, please complete this form to the best of your ability. Check all the boxes that apply.

No known health conditions

Medical History

Cardiovascular

- Anemia
- Bleeding or clotting problem
- Congenital heart disease (746.9)
- Heart murmur
- High blood pressure
- High cholesterol

Endocrine

- Diabetes type 1
- Diabetes type 2
- Hyperthyroidism
- Hypothyroidism

Eye/Ear

- Amblyopia (lazy eye)
- Vision Loss
- Strabismus (eye crossing)
- Hearing loss
- Recurrent ear infections

Gastrointestinal

- Acid Reflux/heartburn/GERD

Infection

- MRSA (Resistant Staph) (V12.04)
- Recurrent pneumonia
- Recurrent sinus infections

Kidney

- Kidney Reflux (vesicoureteral reflux) (593.7)

Neurologic

- Learning Disability
- Migraines
- Seizure
- Developmental delay (783.40)
- Febrile seizures (780.31)
- Concussion (850)

Orthopedic (Bones/Joints)

- Scoliosis (737.30)
- Congenital hip dislocation (dysplasia) (754.3)
- Fracture of _____, year _____
- Fracture of _____, year _____
- Fracture of _____, year _____

Allergies/Skin Problems

- Seasonal Allergies (allergic rhinitis)
- Food Allergies (V15.05)
- Eczema (atopic dermatitis) (691.8)
- Acne (706.1)
- Birth mark: _____

Mental Health

- Anxiety disorder
- Attention deficit disorder (314.0)
- Depression

Respiratory

- Asthma
- Wheezing (786.07)
- Exercise induced asthma/wheezing

Birth problems

- Prematurity (765.1)
- Breech birth
- Respiratory distress at birth

Surgical History

- No past surgeries
- 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.

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