

Children's Past Medical History Form

Please list all medical problems the patient has ever had:

Please list all surgeries the patient has ever had:

Who does the patient live with (check all that apply)?

Mother Father Grandmother Grandfather Foster Parent

If the patient is in foster care, why has he/she been placed in foster care?

If the patient is in foster care, is the foster parent related to the patient? _____

Are the patient's parents Married? Divorced?

Do any smokers live in the home? yes no

Is the patient's father still alive? yes no

If yes, how old is the patient's father? _____

What medical problems does he have? _____

Is your mother still alive? yes no

If yes, how old is the patient's mother? _____

What medical problems does she have? _____

If they are not alive:

How old was the patient's father when he died? _____

What medical problems did he have when he was alive? _____

How old was the patient's mother when she died? _____

What medical problems did she have when she was alive? _____