



105 Richeson Drive, Lynchburg, Virginia 24501 434.385.7776
fax 434.385.5846

PEDIATRIC PATIENT HISTORY FORM

chart# _____

Patient Name: _____ Nickname: _____ Date of Birth: _____

Transferred or moved from: _____

Mother's Name: _____ Height: _____

Father's Name: _____ Height: _____

Parents: Married Divorced Separated Single

Siblings - please list:

Name: _____ DOB _____ NAME: _____ DOB: _____

NAME: _____ DOB _____ NAME: _____ DOB _____

PATIENT'S MEDICAL HISTORY

Hospitalizations? None Yes - list:

Surgeries? None Yes - list: date and surgery

Allergies? None Yes - list: remember to include medication allergies.

Any medications taken regularly (over the counter or prescription)? Include doses and frequency.

Any medical issues we should be aware of? None Yes - list:

Has your child seen a specialist? No Yes

If yes, which specialist and reason for the visit?

When was your child last seen by a Doctor? _____ Where? _____

Has your child ever been to an Emergency Room? No Yes When and where? _____

Vaccines up to date? NO Yes

Any developmental concerns or learning problems? None Yes -please list:

Any behavioral problems or eating disorders? **None** **Yes** -please list:

COMMUNICATION NEEDS:

Language spoken at home if other than English: Child _____ Parent(s) _____

Any special communication needs? **No** **Yes**

If yes, explain:

PATIENT RIGHTS:

Is there anything we need to know about your religion or culture in order to care for your child? **NO** **YES**

If YES, explain:

FAMILY MEDICAL HISTORY- please mark with X below

Medical condition	Does your child have	Mother	Father	Sister	Brother	Mom's mother	Mom's Father	Dad's Mother	Dad's Father	Other
Allergies										
Anemia										
Asthma										
Bleeding Disorder										
Cancer										
Heart Attack/Heart disease										
Sudden death										
Diabetes										
Eczema										
Epilepsy/Seizures										
Hearing loss/Deafness										
High Cholesterol										
High Blood Pressure										
Kidney Disease										
Learning Disorders										
ADHD										
Depression/ mental illness										
Thyroid Disorder										

We are thankful and appreciative you have chosen our office for your child's care. Please let us know if you have any specific concerns or needs. We and our staff are here to serve your family, the more we know about your family the more we can cater your visits and care to better suite your needs.

NOTES:
