LANCASTER PEDIATRIC ASSOCIATES, LTD.

Medical History Form
1 year and 2 year well visit

Patient's First/Last Name: _____ Birthdate _____

Age _____ Date _____

Please list the following: (Nurses, please enter under the "Basic Information" tab)

Primary Language:

Race: Declined to specify (circle)

Ethnicity: Declined to specify (circle)

Patient Medical History

In the past YEAR have any of the following occurred?

1. Hospitalizations? (list month, hospital and reason for hospitalization) ☐None

   _____

2. Surgeries? (list month, hospital and surgery performed) ☐None

   _____

3. Please list any serious injuries or accidents? (list month and nature of injury/accident) ☐None

   _____

4. Any new drug, food or environmental allergies? ☐Yes ☐No (if yes list below with reaction)

   _____

5. Does your child see a dentist (**2 year olds only**)? ☐Yes ☐No
   If yes, who: _____ Date of last visit: _____

Patient's First/Last Name: _____ Birthdate _____

Please **CIRCLE** any condition that is **NEW** in the past year:

Chicken pox	Blood transfusion
If Yes When? _____	Anemia or bleeding problem
Eye conditions/corrective lenses	Constipation requiring office visits
Problems with ears or hearing	Frequent abdominal pain or GERD
Thyroid or other endocrine problems	Diabetes
Chronic or recurrent skin problems (eczema)	Bladder, kidney infections or other urologic problems
Seizures or other neurologic problems	Chronic/serious lung disease
Cancer	Other:

Please explain any conditions you circled above or explain any other medical conditions:

Patient's First/Last Name: _____ Birthdate _____

Patient Social/Household Environment

Household Structure

List the name anyone CURRENTLY LIVING IN THE HOUSEHOLD- include any parents, siblings , any extended family, step-family, grandparents, others	**Date of Birth**	**Relationship to Child**

What is the current family parental structure for the patient:

1. Parent's Marital Status: ☐Married, living together ☐Divorced ☐Not applicable/other(please explain below)

_____

2. Patient's custody status: ☐Joint ☐Visitation ☐Non-custodial (If visitation, or non-custodial please explain below)

_____

Please answer the following environmental questions:

1. Does anyone in the household smoke? ☐Yes ☐No

2. Are there any pets in the home? ☐Yes ☐No
If yes, what type:

3. Are there firearms in the home? ☐Yes ☐No
If yes, are the guns locked and kept separate from the ammunition? ☐Yes ☐No

4. Does the child attend daycare? ☐Yes ☐No

5. Does anyone at daycare smoke? ☐Yes ☐No ☐Not applicable

6. Are there firearms at daycare? ☐Yes ☐No ☐Not applicable
If yes, are the guns locked and kept separate from the ammunition? ☐Yes ☐No

7. Are there any pets at daycare? ☐Yes ☐No ☐Not applicable
If yes, what type?

8. In the last year, have you worried that the food you purchased would run out before you had money to buy more? ☐Yes ☐No ☐Declined to Answer

9. In the last year, did you run out of food and not have money to purchase more?
☐Yes ☐No ☐Declined to Answer

If you answered yes to the **two questions above**, would you like information on community resources that can help? ☐Yes ☐No

No changes since completion of last medical history form ☐

Patient's First/Last Name: _____ Birthdate _____

Changes to Family History in the past YEAR— check all that apply. ONLY include GENETIC family members.

(If no changes, leave blank)

	Mom	Dad	Sister	Brother
Cancer				
Asthma/Other Lung Disease				
Diabetes or Other Endocrine Problems (before 50 years old)				
High Blood Pressure				
High Cholesterol				
Heart Disease (before 50 years old)				
Rheumatologic Disease (Arthritis, Lupus, Thyroid Disease)				
Kidney Disease				
Liver Disease				
Bleeding Disorder				
Mental Illness				
Epilepsy, Convulsions, or Seizures				
Neurologic Disorder				
ADHD/ADD				
Alcohol Abuse				
Drug Abuse				
Hearing Problems/Deafness				
Vision Impairment/Eye Disorder (not including standard glasses or contacts)				
Immune Problems, Recurrent Infections, or HIV/AIDS				
Other GI Disease/Disorder				
Unexplained Sudden Death (before 50 years old)				

If no significant family history, please check here: ☐

Additional Pertinent Conditions

Explain _____

_____