



South Lake Pediatrics
Carolinas HealthCare System

MEDICAL HISTORY

PATIENT NO. _____

DATE: _____

FAMILY INFORMATION

	Name	Birth Date	
Patient Name			Occupation
Name to be called			
Mother	_____ (Mother's Maiden Name: _____)		
Father			
Brother(s)			
Sister(s)			

Marital Status of parents Married Separated Divorced Single

Is child adopted? Y N

Who is the child's legal guardian(s)?

Who does child live with?

Previous physician:

PREGNANCY

Mother's age at delivery Any illness during pregnancy?

While pregnant, did you use: Alcohol Tobacco, If yes, how much?

Drugs Medicine (what kind):

LABOR AND DELIVERY

Type of delivery ___ Vaginal ___ C-Section Birth Weight

Any problems with delivery? Length

Did the baby have any problems? Age (in days) at discharge

NEWBORN AND INFANT HISTORY

Breast or bottle fed?

MEDICAL HISTORY
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NEWBORN AND INFANT HISTORY (Continued)						
Development:	Age when:		Rolled over		Crawled	Sat
			Walked		Began Talking	Toilet Trained

MEDICAL HISTORY

Illnesses:

Hospitalizations/Surgeries:

Current medications:

Allergies:

FAMILY MEDICAL HISTORY

Please check (✓) any of the following problems in any family member:
 (Children, Parents, Grandparents, Aunts, Uncles)

Family Member	Family Member	Family Member
___ Allergies	___ Sickle Cell	___ Seizures
___ Asthma	___ Anemia	___ Eye Disease
___ Eczema	___ Kidney Disease	___ Birth Defects
___ Heart Disease	___ Cancer	___ Crib Death
___ Hypertension	___ Cystic Fibrosis	___ Skin Disease
___ Stroke	___ Diabetes	___ Other