

Pediatrics Associates

450 Veterans Memorial Parkway, Building 10, E Prov., RI 02914 (401) 438-6888

Child's Name: _____ Birthdate: _____

Family Info

Parent 1

Birthdate _____ Occupation _____

Address _____

Parent 2

Birthdate _____ Occupation _____

Address _____

Medical History

Place of birth? _____ Birth Weight? _____

C-section or Vaginal delivery? _____ Complications? _____

Past surgeries? _____

Past hospitalizations? _____

Allergies? _____

Health problems? _____

Medications? _____

Siblings names and dates of birth? _____

Safety

Does your child ride in a carseat or booster seat or use seatbelts if over 8? **Yes No**

Does your child wear a helmet when biking, skating, skateboarding, scooter and skiing?
Yes No

Has your child traveled outside of the US? **Yes No** If yes where? _____

Does your child have regular contact with a person in a nursing home, jail or with known tuberculosis? **Yes No**

Home Environment

Type of home: **House Apartment Other** _____

Was your home built before 1965? **Yes No** Water: **City Well**

Who lives in household? _____

Parents: **Married Never Married Divorced Separated**

Smokers at home? **Yes No**

Guns at home? **Yes No**

Smoke detectors? **Yes No**

Carbon monoxide detectors? **Yes No**

Pets at home? **Yes No** If yes what types _____

Family Health History

Please indicate if any of the following family members have any health problems including diabetes, heart disease, high blood pressure, elevated cholesterol, asthma/allergies, cancer (specify type), kidney disease, thyroid disease, deafness, seizures, clotting or bleeding disorders, etc.

Mother **Alive: Yes No Health problems:** _____

Father **Alive: Yes No Health problems:** _____

Siblings **Alive: Yes No Health problems:** _____

Maternal Grandmother **Alive: Yes No Health problems:** _____

Maternal Grandfather **Alive: Yes No Health problems:** _____

Paternal Grandmother **Alive: Yes No Health problems:** _____

Paternal Grandfather **Alive: Yes No Health problems:** _____

Maternal Aunt **Alive: Yes No Health problems:** _____

Maternal Uncle **Alive: Yes No Health problems:** _____

Paternal Aunt **Alive: Yes No Health problems:** _____

Paternal Uncle **Alive: Yes No Health problems:** _____

Cousins **Alive: Yes No Health problems:** _____