

**PERSONAL AND MEDICAL DATA FORM (PEDIATRIC)**

**PLEASE BRING THIS COMPLETED FORM WITH CHILD'S IMMUNIZATION RECORD ON YOUR FIRST VISIT**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Heath Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Previous Primary Care Provider: \_\_\_\_\_

Specialist/s child is seeing currently or have seen in the past (ENT, Child Psychiatrist):  
\_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

**BIRTH HISTORY:**

Is this your child by:     Birth             Adoption         Step-child         Other: \_\_\_\_\_

Was the pregnancy full-term? Yes or No

Were there complications with the pregnancy or delivery? Yes or No

How much did your child weigh at birth? \_\_\_\_\_

**GROWTH AND DEVELOPMENT:**

Have you or your child's prior Primary Care Provider ever had any concern about your child's growth or development (speech/language, social skills, motor skills, etc)? Yes or No

If yes, please explain: \_\_\_\_\_



**SOCIAL HISTORY:**

Please list child's family and household members:

| Name | Age | Relationship |
|------|-----|--------------|
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |

**FAMILY HISTORY:** Has any of your child's blood relatives had?

Please indicate relationship (maternal/paternal mother, father, grandmother, etc)

- Alcoholism/Drug abuse: \_\_\_\_\_
- High cholesterol \_\_\_\_\_
- Cancer \_\_\_\_\_
- High Blood pressure \_\_\_\_\_
- Heart disease \_\_\_\_\_
- Stroke \_\_\_\_\_
- Mental Health problems \_\_\_\_\_
- Bleeding/clotting disorder \_\_\_\_\_
- Genetic disorder \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Asthma/COPD \_\_\_\_\_
- Others \_\_\_\_\_

**PLEASE LIST SPECIFIC HEALTH CONCERNS ABOUT YOUR CHILD THAT YOU WOULD LIKE YOUR NURSE PRACTITIONER TO KNOW ABOUT BEFORE YOUR VISIT:**

Please be sure to include any information not already reported on this form.

1)

2)