Established Patient History Update

Patient Name:_____DOB:_____Form filled out by: □ Mom □Dad □Guardian □Other:_____

Birth History □ Vaginal delivery □ C-section □ Birth weight:_____□ Preterm_____wks. □ NICU stay_____wks

Any delivery complications or birth defects? □ No □ Yes: _____

Child went home with Mom/Parents □ Yes □No □ Went to foster care □ Went for adoption

Has your child had any of the following:	No	Yes	If yes, please describe:
Traumatic Brain Injury?			
Chronic medical conditions i.e., allergies, asthma, eczema, constipation, bedwetting, obesity, diabetes, thyroid problems, heart problems, seizures, migraine headaches, malignancy, sickle cell disease or trait, etc.?			
Developmental or Speech delay/Autism/ Cerebral palsy?			
Vision or hearing problems?			
Overnight hospital stay?			
Surgery?			
Mental health problems i.e. ADHD, Anxiety, Anger, depression, Bipolar, suicidal behavior?			
Substance abuse issues?			
Participates in sports & extracurricular activities?			
Taking any medication now?			
Any known allergies?			

Family history: Do the biological parents, grandparents, aunts, uncles, cousins have:

Mental health problems i.e. ADHD, Anxiety, Bipolar disorder, Substance abuse, Suicidal behavior			
Chronic medical conditions i.e. allergies, asthma, eczema, constipation, diabetes, thyroid problems, obesity , heart problems, seizures, migraine headaches, malignancy, sickle cell disease or trait, etc?			
Sudden death in young age			

Social determinants of health:

Child lives with: □ Parents □ Mom □ Dad □ Grandparent □ Foster home □ Group home □ Other: _____

Child is in: □ Day Care □ School Grade: _____ □ Home School Grade: _____

Any guns at home: □ No □ Yes □ Decline to Answer If yes, is it secured? □ Yes □ No

Was the child ever been removed from home? □ No □ Yes

For the statements below please indicate if it applies to your household for the past 12 months?

1. "We worried whether our food would run out before we got money to buy more."
   □ Often True □ Sometimes True □ Never True □ Decline to Answer

2. "The food that we brought just didn't last, and we didn't have money to get more."
   □ Often True □ Sometimes True □ Never True □ Decline to Answer