FALMOUTH PEDIATRIC ASSOCIATES

FAMILY HISTORY

Welcome to the practice. The following information will help us care for your child(ren).

CHILD'S NAME:________________________________ DOB: / / PHONE: ______________

ADDRESS: ______________________________ CITY:____________ STATE: ______________

MOTHER'S NAME: ____________________________ DOB: / / PHONE:______________

ADDRESS: ______________________________ CITY: ____________ STATE: ______________

FATHER'S NAME: ____________________________ DOB: / / PHONE:______________

ADDRESS: ______________________________ CITY: ____________ STATE: ______________

MOTHER'S OCCUPATION/EMPLOYER:____

FATHER'S OCCUPATION/EMPLOYER: ____

PREGNANCY

MATERNAL ILLNESSES:

1. Diabetes Y/N ______________________________
2. Infection Y/N If Y, then what kind? ______________
3. Medication Y/N If Y, then what kind? ______________
4. Smoking Y/N If Y, then how many? ______________
5. High Blood Pressure Y/N ______________________________
6. Bleeding Y/N ______________________________
7. Alcohol Y/N ______________________________
8. Substance Use Y/N ______________________________
9. Abnormal Ultrasound Y/N ______________________________

Birth Weight ______ lbs. ______ Oz. Breech Y/N ______________

Newborn Problems: ____

FAMILY HISTORY

Brothers/Sisters

1. ________________________________ DOB:______________
2. ________________________________ DOB: ______________
3. ________________________________ DOB: ______________
4. ________________________________ DOB:______________

In any relative, is there a history of problems with any of the following:

Condition		Describe	Condition		Describe
Heart Disease(under age 50)	Y/N		Diabetes	Y/N	
High Cholesterol	Y/N		Cancer	Y/N	
Breathing	Y/N		Bleeding	Y/N	
(Asthma,CysticFibrosis,TB,etc)	Y/N		Hips	Y/N	
Headache/Migraine	Y/N		Other Bone/Joint	Y/N	
Seizure/Convulsion	Y/N		Vision	Y/N	
Development/Learning	Y/N		Hearing	Y/N	
Substance Use	Y/N		Bowels	Y/N	
Psychiatric Issues	Y/N		Growth	Y/N	
Kidneys/Bladder	Y/N		Infections	Y/N	
Sudden Unexplained Death	Y/N		Birth Defects	Y/N	
Sickle Cell Disease	Y/N		Other	Y/N	