The Treehouse Center

# Medical and Family History

| Name (Last, First, MI) | Sex | Birth Date | Today's Date |
|---|---|---|---|
| | | | |
| If new to us, list previous medical provider | | | |

## Birth History

Unknown ☐

| | | | | | |
|---|---|---|---|---|---|
| **Place** | | | Vaginal ☐ | 37-40 wks EGA ☐ | |
| **Birth Weight** | | NICU stay ☐ | C-section ☐ | 35-37 wks EGA ☐ | |
| **Complications** | | | Twin ☐ | 32-35 wks EGA ☐ | |
| If breast fed, for how long (even if receiving formula as well)? | | | | < 32 wks EGA ☐ | |

## Maternal Prenatal History

Unknown ☐

| | | |
|---|---|---|
| Tobacco during pregnancy ☐ | Alcohol during pregnancy ☐ | Prenatal vitamins ☐ |
| Medications taken | | |

## General

| | | |
|---|---|---|
| Is your child in generally good health? | Yes ☐ | No ☐ |
| List any serious illnesses or medical conditions. | | |
| List any surgeries or exposures to anesthesia. | | |
| List any hospitalizations and the dates. | | |
| List any medication or drug allergies. | | |

## Biological Family History

Adopted ☐ Unkown ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Childhood hearing loss | No | ☐ | Yes | ☐ | Who? | | |
| Nasal allergies | No | ☐ | Yes | ☐ | Who? | | |
| Asthma | No | ☐ | Yes | ☐ | Who? | | |
| Tuberculosis | No | ☐ | Yes | ☐ | Who? | | |
| Heart disease before the age of 55 | No | ☐ | Yes | ☐ | Who? | | |
| High cholesterol | No | ☐ | Yes | ☐ | Who? | | |
| Anemia | No | ☐ | Yes | ☐ | Who? | | |
| Bleeding disorders | No | ☐ | Yes | ☐ | Who? | | |
| Dental decay | No | ☐ | Yes | ☐ | Who? | | |
| Cancer before the age of 55 | No | ☐ | Yes | ☐ | Who? | | |
| Liver disease | No | ☐ | Yes | ☐ | Who? | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Kidney disease | No | ☐ | Yes | ☐ | Who? | |
| Diabetes before the age of 55 | No | ☐ | Yes | ☐ | Who? | |
| Bed wetting after the age of 10 | No | ☐ | Yes | ☐ | Who? | |
| Obesity | No | ☐ | Yes | ☐ | Who? | |
| Epilepsy, seizures or convulsions | No | ☐ | Yes | ☐ | Who? | |
| Alcohol abuse | No | ☐ | Yes | ☐ | Who? | |
| Drug abuse | No | ☐ | Yes | ☐ | Who? | |
| Mental illness, depression or anxiety | No | ☐ | Yes | ☐ | Who? | |
| Developmental disability | No | ☐ | Yes | ☐ | Who? | |
| Immune problems, HIV or AIDS | No | ☐ | Yes | ☐ | Who? | |
| Tobacco use | No | ☐ | Yes | ☐ | Who? | |
| Other (explain who and what) | | | | | | |

| **Child's Past Medical History** | | | | | | **Unkown** ☐ |
|---|---|---|---|---|---|---|
| Chicken pox | No | ☐ | Yes | ☐ | Explain | |
| Frequent ear infections | No | ☐ | Yes | ☐ | Explain | |
| Problems with hearing or ears | No | ☐ | Yes | ☐ | Explain | |
| Nasal allergies | No | ☐ | Yes | ☐ | Explain | |
| Problems with vision or eyes | No | ☐ | Yes | ☐ | Explain | |
| Asthma, bronchitis, bronchiolitis, pneumonia | No | ☐ | Yes | ☐ | Explain | |
| Heart disease or heart murmur | No | ☐ | Yes | ☐ | Explain | |
| Anemia or bleeding problems | No | ☐ | Yes | ☐ | Explain | |
| Blood transfusion | No | ☐ | Yes | ☐ | Explain | |
| HIV | No | ☐ | Yes | ☐ | Explain | |
| Organ transplant | No | ☐ | Yes | ☐ | Explain | |
| Cancer or bone marrow transplant | No | ☐ | Yes | ☐ | Explain | |
| Chemotherapy | No | ☐ | Yes | ☐ | Explain | |
| Frequent abdominal pain | No | ☐ | Yes | ☐ | Explain | |
| Constipation requiring doctor visits | No | ☐ | Yes | ☐ | Explain | |
| Recurrent urinary tract infections | No | ☐ | Yes | ☐ | Explain | |
| Metabolic or genetic disorders | No | ☐ | Yes | ☐ | Explain | |
| Kidney disease | No | ☐ | Yes | ☐ | Explain | |
| Bed wetting after age 5 | No | ☐ | Yes | ☐ | Explain | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Sleep problems or snoring | No | ☐ | Yes | ☐ | Explain | |
| Chronic skin problems | No | ☐ | Yes | ☐ | Explain | |
| Frequent headaches | No | ☐ | Yes | ☐ | Explain | |
| Seizures or other neurologic problems | No | ☐ | Yes | ☐ | Explain | |
| Obesity | No | ☐ | Yes | ☐ | Explain | |
| Diabetes | No | ☐ | Yes | ☐ | Explain | |
| Thyroid or endocrine problems | No | ☐ | Yes | ☐ | Explain | |
| High blood pressure | No | ☐ | Yes | ☐ | Explain | |
| ADHD, anxiety, depression, mood problems | No | ☐ | Yes | ☐ | Explain | |
| Developmental delay | No | ☐ | Yes | ☐ | Explain | |
| Dental decay | No | ☐ | Yes | ☐ | Explain | |
| History of family violence | No | ☐ | Yes | ☐ | Explain | |
| Sexually transmitted infections | No | ☐ | Yes | ☐ | Explain | |
| Pregnancy | No | ☐ | Yes | ☐ | Explain | |
| Problems with periods | No | ☐ | Yes | ☐ | Explain | |
| At what age was first period? | | | | | | |
| Other | | | | | | |