McDonough Pediatrics, P.C.
101 Regency Park Drive, Suite 100
McDonough, GA . 30253
Ph - 770-957-8626
Fax - 770-957-7200

Patient's Past Medical, Family, Social History 5 Years and u p

Patient Name:_____ **DOB:** _____

Pharmacy: _____

RACE: (circle One) White Black Native Hawaiian/Pacific Islander

Asian Native American 2 or more Races Prefer not to disclose

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to disclose

Preferred Language: English Spanish Other

Patient's Past Medical History:

			Specific Test/Disease Name
Allergies	NO	YES	
History of Chicken Pox	NO	YES	
Cancer	NO	YES	
Blood/Lymph Disorder	NO	YES	
Diabetes	NO	YES	
Endocrine/Metabolic Disorder	NO	YES	
Nose,Mouth, Throat Disordoer	NO	YES	
Cardiovascular Disorder	NO	YES	
GI Disorder	NO	YES	
Kidney Disease	NO	YES	
Musculoskeletal Disorder	NO	YES	
Neurologic Disorder	NO	YES	
Psychiaric/Learning Disorder	NO	YES	
Skin Disease	NO	YES	
History of Injury/trauma	NO	YES	

Family Medical History: Please list family member(s)

Cancer	NO	YES	
Diabetes	NO	YES	
Eye Disorder	NO	YES	
Ear Disorder	NO	YES	
Respiratory disorder	NO	YES	
GI Disorder	NO	YES	
Musculoskeltal disorders	NO	YES	
Neurologic disorder	NO	YES	
Psychiatric disorder	NO	YES	
Skin Disease	NO	YES	
Other Remarkable Family History:			

Surgical/Hospitalization History: Name of Surgery/details

Non-Surgical Hospitalizations	NO	YES	
Ear Surgery	NO	YES	
Nose/Mouth/Throat Surgery	NO	YES	
Respiratory Surgery	NO	YES	
Cardiovasacular Surgery	NO	YES	
GI Surgery	NO	YES	
GU Surgery	NO	YES	
EYE Surgery	NO	YES	
Orthopedic Surgery	NO	YES	
Plastic Surgery	NO	YES	
Other Surgery	NO	YES	

TURN OVER==>

Our Children... Our World
McDonough Pediatrics, PC
101 Regency Parkway, Suite 140
McDonough, GA . 30253
Ph - 770-957-8626
Fax - 770-957-2990

Patient's Past Medical, Famil, Social History 5 Years and up

Patient Name:_____ **DOB:** _____

Child Social History:

Parent Information: (circle all that apply)		OTHER:
Parents together	Father involved	
Lives w/mother	Mother involved	
Lives w/father	Father not involved	
Guardian parents	Mother not involved	
Same sex parents	Mother / Father deceased	

Childcare:		Name of Daycare:					
Home w/parents	YES	NO					
Private Home day care	YES	NO					
Sitter to home	YES	NO					
Family Day Care	YES	NO					
Other:							

How Many People living in home?	#

Parents Smokers?	YES	NO	Outside Only?

Pets?	YES	NO	Inside	Outside
Dogs?	#			
Cats?	#			
Birds?	#			
Reptile(s)	#			
Rodent(s)?	#			
Fish?	#			
Other?	#			

Sports/hobbies/activities: Please circle all that apply

	None	Ballet/Tap	Gymnastics	Baseball	Football	Soccer
	Track	Band	Cheerleading	Pageant/modeling		Other:_____

Educational/School Information:

Name of School:	
Grade:	

School Performance: (Please circle all that apply)

Likes School
Dislikes School
Advanced Program
Honor Roll
Excellent
Good
Fair
Poor

School Issues:

None
Non Attendance
Behavior Problems
Peer Problems
Suspended
Expelled
Referred for ADHD testing by school

Behavior/ADHD Family History:

Mental Retardation	YES	NO	Member:
Tourette's Syndrome	YES	NO	Member:
Seizures	YES	NO	Member:
ADD/ADHD	YES	NO	Member:
Depression	YES	NO	Member:
Thyroid Diseases	YES	NO	Member:
Schizophrenia	YES	NO	Member:
Mood Disorder	YES	NO	Member:

TURN OVER==>