

Carolina Pediatric of the Triad
Family History – UPDATE

Patient Name: _____ DOB: _____ Preferred Language: _____

Patient Past Medical History – Please list any past surgeries, injuries, or prior hospitalizations for patient: _____

Patient Allergies – Please list any known allergies to food, medicine, or other known causes: _____

Medications – Please list any current medications: _____

Please list any other doctors the patient has been referred to or has seen in the past: _____

In an effort to keep your child's medical records up to date, please provide details of medical issues that have occurred since their last Well Check on _____. For any questions that are answered "Yes", please provide as many details as possible.

1. Does your child take any medications on a regular basis?
2. Has your child been seen by any medical specialists?
3. Has your child been evaluated in the emergency department?
4. Has your child been hospitalized overnight (or longer)?
5. Has your child had any surgeries (non-orthopedic)?
6. Has your child had any orthopedic injuries that have required splinting, casting, or surgery?
7. Has your child suffered a concussion?

Also, in an effort to keep your family history up to date, please take a moment to consider your extended family's health since your child's last visit. Please note any significant changes in family members' health below. _____

