VALLEY PEDIATRIC ASSOCIATES, L.L.C.

9 Park Center Court • Suite 150 • Owings Mills, MD 21117
Phone: 410-902-7710 • Fax: 410-902-4410

PATIENT NAME: _____ DOB: ____/____/_____

Person Filling out Form: _____ Today's Date: ____/____/_____

FAMILY HISTORY	**How is this person related the patient?** (e.g. Grandmother, sister, etc)	
	Mother's side	**Father's side**
Nasal Allergies or other allergies		
Asthma / Lung Disease		
Heart Disease or Heart Condition		
High Blood Pressure		
High Cholesterol		
Diabetes or other Endocrine Problems		
Thyroid Disease		
Cancer		
Anemia		
Bleeding Disorders		
Epilepsy, Convulsions, Seizures		
Mental Retardation or Developmental Disorders		
Migraines		
Neurologic Disorder		
Learning Problems or ADD		
Inflammatory Bowel Disease / Crohns / Ulcerative Colitis		
Liver Disease		
Other GI disease / Disorder		
Kidney Disease		
Bed Wetting (after 10 years old)		
Hearing Impairment		
Vision Impairment or Eye Disorder		
Immune Problems, recurrent infections, HIV/AIDS		
Alcohol Abuse		
Drug Abuse		
Mental Illness, Depression, Anxiety		
Tuberculosis		
Additional Problems		
SOCIAL HISTORY		
Who lives at home?		
How old is your current home / apartment? About when was it built? (Closest Decade is fine)		
Do you have any pets?	YES	NO
Are there smokers in the home?	YES	NO
Do you have guns at home?	YES	NO
Are guns locked and kept separate from the ammunition?	YES	NO