VALLEY PEDIATRIC ASSOCIATES, LLC

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

Patient's Name:_____ DOB:_____/_____/_____ Today's Date:_____

Please check who in the CHILD'S family has had:											
Problem	**Mom**	**Dad**	**Sister**	**Brother**	**Half-sibling**	**Mom's mom**	**Mom's dad**	**Dad's mom**	**Dad's dad**	**Aunt(s)**	**Uncle(s)**
Allergies Nasal/other											
Asthma/lung disease											
Heart disease or heart condition											
High blood pressure											
High cholesterol											
Diabetes											
Thyroid disease											
Cancer											
Anemia											
Bleeding disorders											
Epilepsy/convulsions											
Mental retardation, developmental disorders											
Migraines											
Neurologic disorder											
ADD/ADHD											
Learning Issues											
Liver disease											
IBD/Crohn's/Colitis											
Other GI disease											
Kidney disease											
Hearing impairment											
Vision Impairment											
Alcohol Abuse											
Drug Abuse											
Mental illness (ie depression, anxiety)											
Tuberculosis											
Bed Wetting after 10 yrs old											
Immune Problems, recurrent infections, HIV/AIDS											
OTHER (list)											

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