

Northwest Family Medicine

Timothy R. Peters, MD Sarah M. Peters, MD Robert L. Larson, Jr., MD
605 Welch Street, Silverton Oregon 97381 | (503) 873-6987 | Fax (503) 873-8923

HEALTH HISTORY AGES 0-17

Please take the time to fill out this confidential form to the best of your ability so that we may better serve you. Thank you.

Child's Name _____

Today's Date _____

Date of birth _____

Age _____

What is your reason for this visit? _____

ALLERGIES (include food and drug allergies):

MEDICATIONS (list current medications and doses):

Date	Medication/Allergen	Your Reaction

PAST MEDICAL HISTORY

SURGERIES/HOSPITALIZATIONS

Date of onset	Chronic Problems	Date	Type of Surgery/Nature of Hospitalization

FAMILY HISTORY

Medical Problem	Family Member	Age of Death	Cause of Death

SOCIAL HISTORY

The child's parents are:

- Married Unmarried, but living together Separated Divorced

The child lives with (check all that apply):

- Mother Father Siblings Other: _____

Father's occupation		Mother's occupation	
Does anyone smoke in the household?		Any concerns regarding lead exposure?	
What school does your child attend and what grade?		Any firearms in home?	
Does your family have any spiritual beliefs?		Is your child in daycare?	

SYMPTOMS (check yes or no regarding the following symptoms in the past week):

Yes No

- Fever
 Irritability
 Not eating well
 Seeing or hearing problems
 Eye or ear discharge
 Cough
 Wheezing
 Trouble breathing
 Vomiting

Yes No

- Diarrhea
 Constipation
 Decreased urine output
 Blood in urine
 Rash or itching
 Sleeping problems
 Bleeding problems
 Food allergies
 Behavioral problems