Child & Teen Medical Center
Love...Kindness..Excellence

Patient Name:_____

DOB:_____ **Acct:**_____

Date:_____ **Completed by:**_____

MEDICAL HISTORY FORM

Current Medications:		
Drug Name:	Dose	How often:

Medical Problem/Health History List:		**Hospitalizations: Reason/Date**	
1.	5.	1.	Date:
2.	6.	2.	Date:
3.	7.	3.	Date:
4.	8.	4.	Date:

Surgical History:	
Date:	Surgery:
Date:	Surgery:
Date:	Surgery:

Allergies:	
Source/Type (medication/food/environmental):	Reaction:
1.	
2.	
3.	
4.	

Family History:

Relation: *see below	Status: (alive/deceased)	High BP	High CHOL	Diabetes	Heart Disease	Asthma	Allergic Rhinitis	OTHER
Father								
Mother								
Siblings								
PGF								
PGM								
MGF								
MGM								
M-Uncle								
M-Aunt								
P-Aunt								
P-Uncle								

**PGF=Paternal Grandfather, PGM=Paternal Grandmother, MGF=Maternal Grandfather, MGM=Maternal Grandmother, M-Uncle=Maternal Uncle, M-Aunt=Maternal Aunt, P-Aunt=Paternal Aunt, P-Uncle=Paternal Uncle*

******OVER******

Child and Teen Medical Center
763-333-7733 Phone
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Blaine
11107 Ulysses St NE
Blaine, MN 55434

Fridley
500 Osborne Road NE-Suite 215
Fridley, MN 55432

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MEDICAL HISTORY FORM-page 2

Review of Systems: Please check **NO** or **YES** Box to indicate if your child currently has any problems in one or more of the following areas. **If yes, please explain the problem.**

Area	NO	YES	Explanation/comments:
General/Constitutional: (fever, weight loss or gain, tired)			
Eyes: (blurred vision, eye pain, discharge, etc)			
Ears, Nose, Throat, Mouth: (hearing loss, ear ache,nasal congestion, chronic cough, nasal drip, dry mouth, allergies, hay fever, etc)			
Respiratory: (asthma, chronic bronchitis, wheezing, shortness of breath, etc)			
Cardiovascular: (diabetes, hypertension, high cholesterol, heart problems)			
Gastrointestinal: (diarrhea, constipation, hernia, ulcers, etc)			
Genitourinary: (painful urination, frequent urination, impotence, jaundice, etc.)			
Lymphatic: (anemia, bleeding problems, problems with blood transfusions, etc)			
Musculoskeletal: (arthritis, joint pain, muscle pain, cramps, stiffness, swelling, etc)			
Skin: (pimples, warts, growths, rashes, etc)			