tcc | The Children's Clinic
WELCOMING FAMILIES SINCE 1911

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Patient Name _____ Nickname _____ Date of Birth _____
Parent Name _____ Date of Birth _____ Occupation _____
Parent Name _____ Date of Birth _____ Occupation _____
Marital Status of Family? ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Other _____
If divorced: Who has custody? _____ Visitation Rights? _____
Any other people living in the home? _____
Are there any smokers in the home? ❑ Yes ❑ No If yes, who? _____
Are there any pets in the home? ❑ Yes ❑ No If yes, what kind? _____
Patient's Siblings:
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Pre-Natal and Birth History of Patient:

Pregnancy: Any complications: ❑ Yes ❑ No If yes, what? _____
Smoking, Alcohol, or Drugs during pregnancy: ❑ Yes ❑ No If yes, what substances?
_____

Delivery: Any complications: ❑ Yes ❑ No if yes, what? _____
Type of delivery: ❑ Vaginal ❑ C-Section ❑ Breech
Birth Weight: _____ Birth Length: _____ Head Circumference: _____
Name of hospital where born: _____
Problems after birth: ❑ Yes ❑ No If yes, what? _____
Blood transfusions after birth: ❑ Yes ❑ No

Family History: List Blood relatives with this health history: (M) Mother (F) Father (S) Sister (B) Brother (MGM) Mother's Mother (MGF) Mother's Father (PGM) Father's Mother (PGF) Father's Father (A) Aunt (U) Uncle (C) Cousin

_____ ADD/ADHD
_____ Alcoholism
_____ Allergies
_____ Anesthetic Complications
_____ Arthritis
_____ Asthma
_____ Anxiety
_____ Autoimmune Disease
_____ Blindness
_____ Blood Disorder
_____ Cancer – Breast
_____ Cancer – Cervical
_____ Cancer – Colon
_____ Cancer – Lung
_____ Cancer – Ovarian
_____ Cancer – Melanoma (Skin)
_____ Cancer – Uterine
_____ Cancer – Other
_____ Celiac Disease
_____ Coronary Heart Disease
_____ Crohns
_____ Cystic Fibrosis
_____ Deafness
_____ Depression
_____ Developmental Delay
_____ Diabetes
_____ Drug Dependency
_____ GERD (Reflux)
_____ Growth Development Disorder
_____ Heart Disease
_____ High Cholesterol
_____ Hypertension (High Blood Pressure)
_____ IBS (Irritable Bowel)
_____ Kidney Disease
_____ Learning Disabilities
_____ Migraines
_____ Muscular Disease
_____ Neurologic Disorder
_____ Other Gastrointestinal Disease
_____ Other Mental Illness
_____ Psychiatric Care
_____ Seizures
_____ Stroke
_____ Thyroid Disorder
_____ Tuberculosis
_____ Ulcerative Colitis
_____ Weight Disorder
_____ Other: (List Relative and Diagnosis)
_____
_____
_____
_____

Patients Less than One Month of Age