

## Cornerstone Family Practice 4-12 years Health History Form

Name: \_\_\_\_\_  
 Date Today: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age of Child today \_\_\_\_\_

Who are the child's primary caregivers? \_\_\_\_\_  
 Please list siblings names and ages \_\_\_\_\_  
 Any behavioral problems? \_\_\_\_\_  
 \_\_\_\_\_

**Nutrition:** Is your child eating a balanced diet? \_\_\_\_\_  
 Is your child allowed to eat "junk foods" ? \_\_\_\_\_  
 Are they taking supplemental vitamins? \_\_\_\_\_  
 How many meals per day? \_\_\_\_\_ Any difficulties? \_\_\_\_\_

**Sleep:** How many hours of sleep does your child get per night? \_\_\_\_\_

**Elimination:** Is your child toilet trained? \_\_\_\_\_ Occasional accidents? \_\_\_\_\_  
 Is bed wetting a problem? \_\_\_\_\_

**Social:** Is your child in school? \_\_\_\_\_ What grade? \_\_\_\_\_  
 Is your child performing well or poorly in school? \_\_\_\_\_  
 Does your child interact well or poorly with peers? \_\_\_\_\_  
 Does your child participate in extra-curricular activities? If so , what types?(ex. sports ,hobbies)  
 \_\_\_\_\_

**Medical History:** Does your child have any medical problems? Please describe.

1. _____	
2. _____	
3. _____	
4. _____	

**Surgical History:** Please list any surgeries your child has had and the date.

1. _____	3. _____
2. _____	4. _____

**Immunizations:** Is your child up-to-date as far as you know? \_\_\_\_\_  
 Any reactions to immunizations? \_\_\_\_\_

**Medications:** Please list any medications your child is taking and dosages.

1. _____	3. _____
2. _____	4. _____

**Allergies:** Please list any medication/environmental/food allergies your child has.

1. _____	3. _____
2. _____	4. _____

Any concerns today? \_\_\_\_\_  
 \_\_\_\_\_

— Turn Over Please —

**FAMILY HISTORY:** Please list family members with the following diseases

Note relationship to you and whether mother's (M) or father's (F) side of your family.

Alcohol/Drug Abuse	Skin Cancer
Asthma/Allergies	Thyroid Cancer
Birth Defect/Genetic Disease	Depression/Psychiatric Problems
Breast Cancer	Diabetes
Cervical Cancer	Heart Disease/Attack
Colon Cancer	High Blood Pressure
Lung Cancer	High Cholesterol
Ovarian Cancer	Migraines
Prostate Cancer	Stroke