Hyde Park Pediatrics
Boston Children's
Primary Care Alliance

Patient Health Inventory (3+ years)

Patient's name: _____ Form completed by: _____

Patient date of birth: _____ Relationship: _____

Patient sex: _____ Date completed: _____

HOUSEHOLD

Please list all those living in the child's home

Name	Relationship to child	Birth Date

Are there siblings not listed? If so, please list their names, ages, and where they live.

_____

What is the child's living situation if not with biological parents? (custody arrangement, foster, adoptive, etc.)

_____

Parental Occupation(s) _____

Home address: _____

Home Phone: _____

Parent work and cell- phone numbers: (W) _____ (C) _____

Where has your child previously received care? **(Remember to forward copies of complete health records, including immunization)** _____

Child's current medical problems: _____

_____

Significant past medical history or injuries: _____

_____

Surgical history (include approximate dates): _____

_____

School- related problems or social/ behavioral issues for which your child has been evaluated: _____

_____

****PLEASE COMPLETE BOTH SIDES****

If your child is under the care of a specialist for any condition, please provide the specialist's name and contact information:

_____

Significant medication, food, or environmental allergies: _____

_____

Please list any medications, including over-the-counter drugs, that your child is currently taking: _____

_____

FAMILY MEDICAL HISTORY

Your child's family health history is important to us. Please indicate whether close relatives (parents, grandparents, siblings, or other if appropriate) have ever been diagnosed with:

Health Issue	Check if yes	Who? Be as specific as possible (ex. mother's mother)	Please provide any known details/ specifics
Asthma			
Bleeding/ clotting disorders			
Childhood deafness			
Heart rhythm problems			
High cholesterol			
Seizures/ epilepsy			
Behavioral, developmental, or educational difficulties (ADD/ ADHD, autism, learning disability)			
Alcoholism/ substance abuse			
Anxiety or depression			
Other mental illness			
Allergies			
Anemia			
Arthritis			
Birth defects			
Cancer (childhood/ early adult)			
Diabetes (childhood/ early adult)			
Heart disease			
Hemochromatosis			
High blood pressure			
Hip dislocation at birth			
Intestinal disorders (Celiac, Crohn's)			
Kidney/ bladder disease			
Stroke			
Thyroid disease			
Other			

****PLEASE COMPLETE BOTH SIDES****