

WEST HARTFORD PEDIATRICS, LLC  
785 Farmington Avenue  
West Hartford, CT 06119

Date: \_\_\_\_\_

CHILD'S MEDICAL HISTORY

Patient's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

MOTHER'S FAMILY HISTORY  
(circle yes or no, list relation of person)

Diabetes: Y N \_\_\_\_\_ Hypertension: Y N \_\_\_\_\_

Seizures: Y N \_\_\_\_\_ with or without fever: \_\_\_\_\_

Cancer: \_\_\_\_\_ Type: \_\_\_\_\_

Heart Disease (early heart attacks): Y N \_\_\_\_\_

Asthma: \_\_\_\_\_ Other: \_\_\_\_\_

FATHER'S FAMILY HISTORY  
(circle yes or no, list relation of person)

Diabetes: Y N \_\_\_\_\_ Hypertension: Y N \_\_\_\_\_

Seizures: Y N \_\_\_\_\_ with or without fever: \_\_\_\_\_

Cancer: \_\_\_\_\_ Type: \_\_\_\_\_

Heart Disease (early heart attacks): Y N \_\_\_\_\_

Asthma: \_\_\_\_\_ Other: \_\_\_\_\_