Medical History Review

Framingham Pediatrics
Boston Children's
Primary Care Alliance

framinghampediatrics.com
508-879-5764

Patient name: _____

Today's date: _____

Your pediatrician

❍ Dr. Baumel ❍ Dr. Crawford ❍ Dr. Garber
❍ Dr. Hicks ❍ Dr. Rosselot ❍ Dr. Whitman

PATIENT'S PAST MEDICAL HISTORY (birth, major illnesses, hospitalizations, surgeries)	
DATE:	

PATIENT'S CURRENT MEDICAL PROBLEMS OR NEW CONCERNS

PATIENT'S CURRENT MEDICATIONS (liquid/chewable/pill, dosage and frequency)

PATIENT'S ALLERGIES (MEDICATION, FOOD, OTHER)	
NAME OF MEDICATION/FOOD/OTHER	TYPE OF REACTION

FAMILY HISTORY	
Mother's health history:	
Father's health history:	
Sibling (name/age), major medical problems:	
1)	**3)**
2)	**4)**

IS THERE A FAMILY HISTORY OF:	(please indicate relative and age of onset)
heart attack, stroke or high cholesterol before age 60?	◯ Y / N ◯
sudden or unexplained death?	◯ Y / N ◯
chest pain or heart symptoms related to exercise or exertion?	◯ Y / N ◯
obesity or weight problems?	◯ Y / N ◯
Is there any family history of diabetes?	◯ Y / N ◯
other?	