FOCUS PEDIATRICS
WHERE THE FOCUS IS ON YOU

www.focuspeds.com

1200 Lake Hearn Drive, Suite 275
Atlanta, GA 30319
Phone: 470-993-6287
Fax: 470-961-7300
Email: info@focuspeds.com

Patient History

Complete this **2-page form** in full. If you have any questions, feel free to ask our practice staff.

Patient full legal name

1. ALLERGIES

If the child has any known allergies, please fill out the table below. If not, leave blank.

ALLERGY	HOW DOES THE ALLERGY MANIFEST?	MILD, MODERATE, OR SEVERE

2. DIAGNOSES

Add in both currently active and past diagnoses for the patient. Additional specific diagnoses can be noted in the second table.

DIAGNOSIS	Y/N	DATE(S)
Abdominal pain, frequent		
Acne		
ADD or ADHD		
Alcohol abuse		
Ear infections, frequent		
Ear tubes		
E-cigarette use / vaping		
Eczema		
Emotional problems		
Endocrine problems		
Enuresis		
Epilepsy / seizures		
Febrile seizures		
Feeding problems		
Fibrosis		

DIAGNOSIS	Y/N	DATE(S)
Genetic problems		
Glaucoma		
Growth problems		
Head injuries/concussions		
Hearing problems		
Heart attack		
Heart murmur		
High cholesterol		
HIV / AIDS		
Hypertension		
Kawasaki disease		
Kidney problems		
Learning problems		
Lupus(SLE)		
Period issues		

DIAGNOSIS	Y/N	DATE(S)
Pregnancy		
Retinoblastoma		
Serious injuries/fractures		
STI's		
Sleep problems		
Snoring		
Sore throat, frequent		
Thyroid Issues		
Tobacco use		
Ulcerative colitis		
UTI's		
Vision problems		
Weight, high		
Weight, low		

OTHER DIAGNOSES	DATE(S)	COMMENTS

3. BIRTH HISTORY

Add in details on the patient's birth history, especially if their current age is two or younger.

Gestational age at birth

Birth weight

Birth length

Birth head circumference

Delivery method ☐ Vaginal ☐ Assisted vaginal ☐ C-section ☐ Vaginal after C-section

Mother delivery age

Pregnancy complications ☐ Yes ☐ No ☐ Undetermined

Routine prenatal care ☐ Yes ☐ No ☐ Undetermined

4. SOCIAL HISTORY

Add in details where applicable for the patient.

How often do you smoke? ☐ Never ☐ Former smoker ☐ Daily ☐ Some days ☐ Light tobacco smoker ☐ Heavy tobacco smoker

Have you or do you currently use smokeless tobacco? If so, fill out the table below. ☐ Never ☐ Former tobacco chewer ☐ Chews tobacco

What chewing tobacco do you currently use? Select one. ☐ Plug ☐ Twist ☐ Loose leaf ☐ Fine cut ☐ Products containing tobacco

Do you use an e-cigarette or vape? ☐ Never ☐ Former vaper ☐ Daily ☐ Some days ☐ Light vaper ☐ Heavy vaper

How often do you drink alcohol? If you drink daily, answer the question below. ☐ Never ☐ Ex-drinker ☐ Socially ☐ Daily

How many drinks do you have daily? ☐ 1-2 ☐ 3-6 ☐ 7-9 ☐ More than 9

Have you or do you currently use recreational or illicit drugs? If so, please list them below. ☐ Yes ☐ No

RECREATIONAL/ILLICIT DRUGS	HOW OFTEN

5. FAMILY HISTORY

Add in known diagnoses for biologically related family members. Be specific on year and/or age and relationship to patient.

DIAGNOSIS	YEAR AND/OR AGE	RELATIONSHIP TO PATIENT