

The Everett Clinic

Part of Optum®

3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966

New pediatric patient information and history form

Name	Relationship to patient	Job, work you do	Please list any long- term health problems	Living in the home?
Parent's name:				
Parent's name:				
Other adult(s) in home:				
Guardian's name:				

Other children in home	Date of birth	Sex	Relationship to patient

Other children not in home	Date of birth	Sex	Relationship to patient

Does your child have any medical problems?
Has your child had any surgeries? If yes, please describe:

If anyone in the patient's family now has or has ever had any of the following medical conditions, please write it in the blank. For example, if the patient's mother has asthma, write "m" next to asthma. If the patient's mother and also aunt on the mother's side have asthma, write "m, am".

Mother = m
Father = f
Sister = s
Brother = b
Aunt on mother's side = am
Uncle on mother's side = um

Aunt on father's side = af
Uncle on father's side = uf
Grandmother on mother's side = gmm
Grandfather on mother's side = gff
Grandmother on father's side = gmf
Grandfather on father's side = gff

Alcohol use disorder _____
Allergies (seasonal) _____
Asthma _____
Birth defect _____
Concerns about mental abilities _____
Diabetes _____
Substance use disorder _____
Early heart attack or major heart problem (under age 50) _____
Early stroke (under age 50) _____

Hearing loss _____
Hepatitis (serious liver problem) _____
High blood pressure _____
High cholesterol (substance in blood that can lead to heart disease) _____
Hip dislocation or hip out of place at birth _____
Learning problems, ADHD _____
Mental health concerns, depression _____
Sudden death _____
Tuberculosis (lung disease) _____

_____/_____/_____
Signature of parent or guardian **Relationship to patient** **Date (required)**

Reviewed by (initials): _____

The Everett Clinic, part of Optum, does not discriminate on the basis of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us. Such as letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-877-626-0678 TTY 711.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-877-626-0678.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-877-626-0678。