cares northwest

Protecting children, healing lives.

CHILD MEDICAL AND FAMILY HISTORY FORM

CARES Northwest phone: 503-276-9000 Fax: 503-276-9010

Today's date_____

Child's name _____

Which pronouns should we use for your child?
☐ She / Her
☐ He / Him
☐ They / Them
☐ Something else:_____

Birth date _____

Your name _____ Relationship to child _____

Child's ethnicity (optional) – Check all that apply:

☐ African American ☐ Asian ☐ Hispanic ☐ Native American/Alaskan
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Language(s) spoken in the home: _____

Pregnancy and Birth History

Were there any problems with the pregnancy or delivery? ☐ Unknown ☐ No ☐ Yes

(explain) _____

Did the parent have regular prenatal care? ☐ Unknown ☐ No ☐ Yes

Were any substances used during pregnancy? ☐ Unknown ☐ No ☐ Yes

(check) ☐ Cigarettes ☐ Alcohol ☐ Prescription medications ☐ Street drugs ☐ Other _____

Medical/Dental Care

Health care provider/clinic name _____ Phone_____

Date of last visit _____ Reason for last visit _____

Dentist/clinic name _____

Date of last visit _____ Reason for last visit _____

Medication/Immunizations

Are immunizations up to date? ☐ Unknown ☐ No ☐ Yes

Does child take any medications, vitamins, or fluoride? ☐ Unknown ☐ No ☐ Yes

List all medications:

Medication	Dose & strength	Reason for use	Date/time last taken	Prescribed by:
Example: amoxicillin	*250 mg, every morning & night*	*ear infection*	*yesterday*	*Dr. John Doe*

Allergies

Any allergies to medication or food? ☐ Unknown ☐ No ☐ Yes

(describe reaction) _____

Has child ever had *(check and include approximate dates or child's age and details*)

- ☐ Hospitalizations/surgeries _____
- ☐ Emergency room or urgent care visits _____
- ☐ Major injuries/accidents _____
- ☐ Stitches/broken bones _____
- ☐ Accidental poisonings _____
- ☐ Breathing problems or asthma _____
- ☐ Heart problems or murmur _____
- ☐ Skin disorders (birthmarks, eczema, warts) _____
- ☐ Bruising/bleeding disorder _____
- ☐ Scars/burns _____
- ☐ Seizures, passing out, neurological problems _____
- ☐ Speech, vision, or hearing concerns _____
- ☐ Developmental concerns or evaluations _____
- ☐ Attention deficit or other mental health concerns _____
- ☐ Problems with eating; weight gain or loss _____
- ☐ Smokers in the home _____
- ☐ Other current or past medical concerns _____

Are there problems with (*check and explain*)

- ☐ Toilet training _____
- ☐ Daytime wetting or nighttime wetting _____
- ☐ Pooping or soiling accidents _____
- ☐ Chronic constipation or diarrhea _____
- ☐ Rashes or sores of front/back private areas _____
- ☐ Bleeding or discharge from front/back private areas _____
- ☐ Pain or itching of front/back private areas _____
- ☐ Bladder/kidney/urinary tract infections _____
- ☐ Past injury to private areas _____

What words does child use for private areas?

Male front private area _____ Bottom/buttocks _____

Female front private area _____ Chest/breasts _____

Menstruation

Date of first menstrual period _____ Date of last menstrual period _____

Uses: ☐ Pads ☐ Tampons ☐ Other _____

Family History

Check any diseases/conditions that child's parents or siblings have had:

	Parent	Sibling		Parent	Sibling
birth defects	☐	☐	ADHD	☐	☐
bleeding problems	☐	☐	mental health diagnosis	☐	☐
frequent broken bones	☐	☐	depression	☐	☐
immune disorder	☐	☐	anxiety	☐	☐
Disability	☐	☐	drug problems	☐	☐
learning problems	☐	☐	alcohol problems	☐	☐

other _____

Any other concerns about child's health? _____

Family

Birth date

Parent _____ _____

Parent _____ _____

Siblings _____ _____

_____ _____

Stepparents _____ _____

_____ _____

Half-siblings _____ _____

_____ _____

Stepsiblings _____ _____

_____ _____

Marriages/relationships

Name(s) of spouses/partners for each parent — Dates of relationships

_____

_____

_____

Housing

Addresses — Who lives here? — How long has child lived here?

_____

_____

Has child been homeless or lived with another family? ☐ No ☐ Yes When? _____

Caregivers

List others who have cared for child (such as babysitters, daycare, relatives):

Name — Relation — Dates

_____

_____

_____

Parents' employment

Name _____ Employer _____ or ☐ Unemployed

Name _____ Employer _____ or ☐ Unemployed

Name _____ Employer _____ or ☐ Unemployed

Prior concerns

Describe any past concerns of abuse to children in the family: ☐ None

_____

_____

Describe any child protective services or police involvement with the family: ☐ None

_____

_____

Describe any history of abuse to parents/guardians in childhood: ☐ None

_____

_____

Family stressors

Describe things that have been stressful for the family (such as death, illnesses, financial problems, job loss, lack of food, safety threat, natural disaster).

_____

_____

_____

Violence
Describe child's exposure to violence: ☐ None
At home _____
At school _____
In the community _____
Has child seen cruelty to animals? ☐ No ☐ Yes
(describe) _____

Nudity, sexual activity, or pornography
What has child seen? ☐ None
(describe) _____

Weapons
Are there weapons in the home or homes child visits? ☐ No ☐ Yes
(describe) _____

Drugs and alcohol
Describe child's exposure to alcohol or drug use: _____

Education
Child's school _____ Grade _____
How is child doing in school? ☐ Average ☐ Above Average ☐ Below Average
Any learning problems, Individual Education Plan (IEP), or 504 Plan? ☐ No ☐ Yes
(explain) _____
Note any problems child has at school: _____
Note any concerns about bullying: _____

Mental health history
Has child had counseling or other treatment? ☐ No ☐ Yes
Reason/diagnosis _____
Counselor/agency _____ Dates _____
Treatment program/hospital _____ Dates _____

Emotional or behavioral concerns for child
Describe any worries you have about the following: ☐ None
Sleep problems _____
Anxiety/fears _____
Sadness or withdrawal _____
Hyperactivity _____
Difficulty concentrating _____
Lying _____
Sexual behaviors _____
Injuries to self _____
Thoughts of hurting self _____
Other worries _____

Discipline
How is child disciplined? _____