



CHILD FORM

Name: _____ (Nickname) _____

Date of Birth: ____ / ____ / ____

To help us ensure your electronic file is up to date, please fill out this form
www.RanchoFamilyMed.com

What brings you in today? (Review Labs / Med Refill /
Wellness Exam/ Ear Pain / Cold / Bronchitis) _____

Personal Health History (circle)

Overweight / Obesity / Asthma / Autism

Surgeries

Appendix / Hernia repair / heart

Other: _____

Family History

Mom= M /Dad= D/ Brother= B / Sister = S

Diabetes – M / D / S/ B

Asthma - M / D / S / B

Blood pressure- M / D / S/ B

Cholesterol- M / D / S/ B

Heart attack- M / D / S/ B

Colon Cancer- M / D / S/ B

Breast Cancer- M / D / S/ B

Melanoma- M / D / S/ B

Other:

Social History (if applicable & NOT completed before)

With whom does the child live? / Mom / Dad / StepMom /
Stepdad/ Siblings / Grandparents /

Last wellness (aka- physical) exam date? _____

Are you due for your physical exam ? Yes No Unknown

Diet- How would you rate your child's diet? Healthy /
Average / Poor / Vegetarian / Are fruits and vegetables eaten
daily? Yes/No

School Activities: Sports / Band / Other: _____

Cigarette Smoke Exposure

Is there exposure to second hand smoke? Yes No

School/Development

Development: Appropriate / Delayed

Grades: Above average / average / below average

*If your primary care provider
does not have an opening, we
have urgent care appointments
available 7 days a week at our
Temecula Parkway office.. Call
951-676-4193 or visit our website
for information.*

Female Health

Age of first period? _____

Immunization History:

Are childhood immunizations up to date? Yes / No / Not Sure

Type	Location	Date
Tdap booster (> 11 yrs.)		