

Patient Label

## Family and Medical Questionnaire for Parents/Guardians of Children and Teens

**TO BE COMPLETED BY PARENT OR GUARDIAN:** This worksheet can give your health care team information to help you take better care of your child.

Your name: \_\_\_\_\_

Relation to child: ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Guardian ☐ Other: \_\_\_\_\_

### 1. Family Information

a. Are you: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never married

b. Is one or more of the child's parents/guardians deceased? ☐ Yes ☐ No

If **Yes**, which one(s): \_\_\_\_\_

c. Does your child split time between two separate parent households? ☐ Yes ☐ No

d. Is your child adopted or in foster care? ☐ Yes ☐ No

e. Who lives in the home(s) with your child? Please provide name, age, and relationship of each person in the home(s).  
\_\_\_\_\_  
\_\_\_\_\_

### 2. School History

a. Is your child currently:

- Enrolled in elementary, middle, or high school? ☐ Yes ☐ No

b. School name: \_\_\_\_\_ c. School district: \_\_\_\_\_

- Homeschooled? ☐ No ☐ Yes

**If your child is in school:**

d. What grade is your child in (if it's currently summer, what grade will they start in the fall): \_\_\_\_\_

e. Is your child in Running Start? ☐ Yes ☐ No

f. Has your child repeated a grade? ☐ Yes, which one: \_\_\_\_\_ ☐ No

g. Does your child have any of the following kinds of help with school? Check all that apply.

☐ Academic testing ☐ Study Skills class ☐ Tutoring ☐ Other: \_\_\_\_\_

h. Does your child have an IEP (Individualized Education Plan), a '504' plan, or other accommodations? ☐ Yes ☐ No ☐ Unsure

**If your child is not enrolled in school:**

i. Does your child have a high school diploma? ☐ Yes ☐ No

j. Does your child have a GED? ☐ Yes ☐ No

### 3. Child's Medical History

**FOR STAFF: After review by provider, enter responses in History section in Epic.**

Has your child had any of the following? Check all that apply.

Please list the date when condition started or was diagnosed:

<input type="checkbox"/> Asthma	
<input type="checkbox"/> Broken bone	
<input type="checkbox"/> Concussion	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Eczema, dry skin	
<input type="checkbox"/> Heart condition	
<input type="checkbox"/> Learning problems	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Thyroid disease	
<input type="checkbox"/> Tics	

## Family and Medical Questionnaire for Parents/Guardians of Children and Teens

### 4. Surgeries

**FOR STAFF: After review by provider, enter responses in History section in Epic.**

Has your child had any of the following:

☐ Appendix removed    ☐ Ear tubes    ☐ Hernia repair    ☐ Tonsils and/or adenoids removed

Other major illnesses, operations, hospitalizations, injuries, or conditions (describe and give year):

### 5. Family History

**FOR STAFF: After review by provider, enter responses in History section in Epic.**

Do you have family members who have had any of following? Check all that apply and include immediate family and grandparents on both sides.

	Please list family member's relation to your child and name of person. Example: Grandma on father's side, Sally.
<input type="checkbox"/> Alcohol problems	
<input type="checkbox"/> Allergies/atopy	
<input type="checkbox"/> Anxiety disorder	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Blood clot or DVT (Deep Vein Thrombosis)	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Drowning or near drowning	
<input type="checkbox"/> Drug problems	
<input type="checkbox"/> High cholesterol	
<input type="checkbox"/> High blood pressure	
<input type="checkbox"/> Seizures	
Heart conditions:	
<input type="checkbox"/> Arrhythmia (ie: atrial fibrillation, ventricular tachycardia, or Wolff-Parkinson-White (WPW) syndrome)	
<input type="checkbox"/> Cardiomyopathy	
<input type="checkbox"/> Coronary artery disease	
<input type="checkbox"/> Heart attack, female before age 60	
<input type="checkbox"/> Heart attack, male before age 50	
<input type="checkbox"/> Long QT syndrome	
<input type="checkbox"/> Other heart problems:	