



Welcome to Lighthouse Pediatrics! We are pleased that you have chosen to establish your child in this special practice. In order for us to use your time with the doctor wisely, could you please take a few moments to complete the following information about your child?

Name of child: _____ Date of Birth: _____

Does your child have any ongoing medical problems? Yes No

If yes, please list _____

Specialist(s), if any: _____

Does your child have any past medical problems which he/she's outgrown? Yes No

Has your child spent the night in the hospital? Yes No Any surgeries? Yes No

Please list with approximate date(s) _____

Is your child on any medications (include prescription and over-the-counter)? Yes No

If yes, please list along with doses: _____

Pharmacy: _____

Does your child have any allergies? Yes No

Please list: _____

Please turn over to complete page 2

Please circle any of the conditions that run in your family (parents, aunts/uncles, grandparents and siblings) and what family member is affected.

ADD/ADHD	Diabetes	Sickle cell
Allergies	Drug/alcohol abuse	Sudden Unexplained death
Arthritis	High blood pressure	Thyroid Disorders
Asthma	High cholesterol	Vision/Hearing disorders
Cancer	Migraines	Other
Cardiac Disease	Prolonged QT syndrome	
Crohn's or Ulcerative Colitis	Seizure	

Who lives in the house with your child? _____

Do you own any pets? Yes No If yes, type of pet: _____

Are there any smokers in the home? Yes No Inside or outside (please circle)

Do you have any water near your home? Yes No
If yes, please circle: private pool community pool lake canal ocean
If you have a private pool, do you have a pool fence? Yes No
If your child is 4 years or older, does he/she know how to swim? Yes No

Does your child attend daycare or school? Yes No

Name of daycare or school: _____

Grade/year: _____

Does your child have any special needs in school or daycare? Yes No

If so, please list: _____

Do you have any questions/concerns you want to address today? _____

Do you have any prayer requests? _____