Concord Children's Clinic
1040 Vinehaven Drive NE
Concord NC 28025

SOCIAL HISTORY

Mother's Name: ______________________________ Occupation: __________________ DOB: __________________

Father's Name: _______________________________ Occupation: __________________ DOB: __________________

Siblings: Name: ____ DOB: __________________

____ DOB: __________________

____ DOB: __________________

Marital Status of parents: __________________________ Child lives with: ______________________________________

List any family circumstances we should know about: ____

Smokers in family? ☐ Yes ☐ No Who? ____

Firearms in the house? ☐ Yes ☐ No Who? ____

Pets in the house? ☐ Yes ☐ No Describe: ____

Smoke detectors in the house? ☐ Yes ☐ No Religious Preference: ____

FAMILY HISTORY

Family includes: the child's parents, brothers, sisters, grandparents (maternal & paternal), aunts & uncles.
Please check "Problems or "No Problems". If there is a problem, fill out who has the condition and what the condition is.

Problems	No Problems	Who	What Condition
		Constitutional (unexplained ill feelings, fevers, weight loss, Cancer, Leukemia, High Cholesterol)	
		Eyes (Cataracts, Cross Eyes)	
		Ears, Nose, Mouth & Throat (Chronic Ear or Sinus Infections)	
		Heart & Blood Vessels (Hole in Heart, Murmur, High Blood Pressure, Heart Attack)	
		Breathing or Lung Disease (Asthma, Bronchitis, CF, other lung disease)	
		Stomach, Intestinal Tract (Chronic Diarrhea, Constipation, Digestion, Ulcer, Intestinal or Bowel Problems)	
		Joints, Muscles, Extremities	
		Skin issues	
		Neurological System (ADHD, LD, Mental Retardation, CP, Seizures, Stroke, Alzheimer's)	
		Psychological or Mental Health (Depression or Anxiety)	
		Endocrine (Glandular Problems, Diabetes, Thyroid Disease)	
		Blood Disease (SCA, Sickle Trait)	
		Immunology (Chronic Allergies, Weak Immune System)	
		Bladder & Kidney (Chronic Bladder Infections, Kidney Failure)	

Provider Signature: ____ Date: ______________________