Pediatric Pulmonology of Central Georgia
1062 Forsyth Street
Lanier Building, Suite 2C
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Phone: (478) 755-0036
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Please Print For Your Office Visit

DATE: __________

Patient Full Name: ____________________________________ DOB: ______________

List the two people who provide care for the patient most often:

1. _____________________________________ 2.____

Parent / Grandparent / Aunt / Foster Parent/ __________ Parent / Grandparent / Aunt / Foster Parent/ _______________

Please answer the following questions regarding the patient's family medical history:

Use This Code:

C – Child
M – Mother
F – Father
B – Brother
S – Sister
MGM – Mom's Mother
MGF – Mom's Father
PGM – Dad's Brother
PGF – Dad's Father

Asthma______________________
Cancer_______________________
Cardiac Disease________________
Cystic Fibrosis_________________
Diabetes_____________________
High Blood Pressure____________
Kidney Disease________________
Mental Illness_________________
Pneumonia___________________
Seasonal Allergies_____________
Seizures______________________
Sickle Cell Anemia_____________
Thyroid Disorder_______________
Tuberculosis__________________
Other________________________
____

Please list ALL siblings:
Name: __________________ DOB: ________ Age: _____
Name: __________________ DOB: ________ Age: _____
Name: __________________ DOB: ________ Age: _____
Name: __________________ DOB: ________ Age: _____
Name: __________________ DOB: ________ Age: _____
Name: __________________ DOB: ________ Age: _____

Please list ALL persons in the home with the patient:
Name: ___________________________Age:________

Name: ___________________________Age:________ Name: ___________________________Age:________

Name: ___________________________Age:________ Name: ___________________________Age:________

Name: ___________________________Age:________

Please list ALL other providers that treat the patient including physicians, nurse practitioners and therapists:

Name: ____

Name: ____

Name: ____

Name: ____

Name: ____

Name of Person Completing this Form: ____________________________________

Signature: ____

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