

160 MacGregor Pines Drive, Suite 205  
Cary, North Carolina 27511  
(919) 851-5482 Fax (919) 851-4018

2800 Blue Ridge Road, Suite 405  
Raleigh, North Carolina 27607  
(919) 851-5482 Fax (919) 881-0752

## Patient / Family History -Initial Visit

Please complete the following and bring to your appointment. Thank you.

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

When did the problem begin? \_\_\_\_\_

Allergies: (medicines, foods, Latex, etc.) \_\_\_\_\_

Current medications & dose: \_\_\_\_\_

Current herbal medicines (ginseng, caffeine, etc.), nutritional supplements (multivitamins, Gatorade, etc.) or complementary therapies (chiropractic, massage, hypnosis, etc.): \_\_\_\_\_

Birth history: Full-term \_\_\_\_\_ Premature \_\_\_\_\_ (# of weeks premature \_\_\_\_\_) Birth weight: \_\_\_\_\_

Complications with pregnancy/delivery? \_\_\_\_\_

Patient's Medical History: (please check if your child/adolescent has been diagnosed with the following:)

	YES	NO		YES	NO
ADD	_____	_____	Hearing impairment	_____	_____
ADHD	_____	_____	Heart problems	_____	_____
Allergies (environmental)	_____	_____	Hypertension	_____	_____
Anemia	_____	_____	Immune problems	_____	_____
Asthma	_____	_____	Migraine headaches	_____	_____
Arthritis	_____	_____	Muscle problems	_____	_____
Autism	_____	_____	Seizure disorder	_____	_____
Bleeding Disorders	_____	_____	Sickle Cell disease	_____	_____
Cancer	_____	_____	Sickle Cell trait	_____	_____
Cerebral Palsy	_____	_____	Speech problems	_____	_____
Constipation	_____	_____	Spina Bifida	_____	_____
Developmental delay	_____	_____	Stomach reflux	_____	_____
Diabetes	_____	_____	Thyroid problems	_____	_____
Down syndrome	_____	_____	Tracheomalacia	_____	_____

Any other specific medical history of patient? \_\_\_\_\_

Hospitalizations? (Dates and Reasons) \_\_\_\_\_

*Please complete other side*

Marc D. Benevides, M.D.

Brian C. Bennett, M.D.

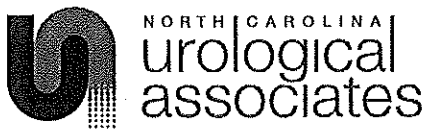
Timothy P. Bukowski, M.D., FAAP, FACS

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*Diplomates of the American Board of Urology*

PED Form #115 - Patient/Family History - Rev 8/09



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Previous Surgeries? \_\_\_\_\_

**Family Medical History:** Please check if there is a family history of the following - include natural parents, siblings, aunts, uncles and grandparents only:

	YES	NO		YES	NO
Anemia	_____	_____	Down syndrome	_____	_____
Anesthesia problems	_____	_____	Gastrointestinal problems	_____	_____
Asthma	_____	_____	Heart problems	_____	_____
Arthritis	_____	_____	Hypertension	_____	_____
Cancer	_____	_____	HIV / Aids	_____	_____
Cerebral Palsy	_____	_____	Liver problems	_____	_____
Cholesterol problems	_____	_____	Respiratory problems	_____	_____
Cystic fibrosis	_____	_____	Sickle cell disease	_____	_____
Birth defects	_____	_____	Sickle cell trait	_____	_____
Bleeding disorders	_____	_____	Spina Bifida	_____	_____
Diabetes	_____	_____	Thyroid problems	_____	_____
Kidney Stones	_____	_____	Kidney Disease	_____	_____

List patient's siblings and their ages: \_\_\_\_\_

Social History (please check where appropriate): Patient's grade in school: \_\_\_\_\_

Parents are married \_\_\_\_\_, divorced \_\_\_\_\_, separated \_\_\_\_\_

Patient lives with natural parents \_\_\_\_\_, guardian \_\_\_\_\_, grandparents \_\_\_\_\_, adoptive parents \_\_\_\_\_, foster care \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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