



Please give this form to the nurse once inside the exam room.

CHILD'S NAME: _____

CHILD'S PREFERRED NAME: _____

DEMOGRAPHICS (Please Circle):

RACE: White Black
Asian Native Hawaiian
American Indian or Alaska Native

PARENTS PREFERRED NAMES: _____

ETHNICITY: Not Hispanic or Latino
Hispanic or Latino
Prefer not to report

WHAT ARE THE NAMES AND BIRTH DATES OF YOUR CHILD'S SIBLINGS?

LANGUAGE: If family does not speak English, please write in language: _____

SOCIAL HISTORY:

Whom does your child live with?

CURRENT MEDICATIONS:

Who has primary custody?

TOBACCO EXPOSURE:

Do household members smoke?

- Inside
- Outside
- Never

SURGERIES:

CHRONIC MEDICAL CONDITIONS: _____

HOSPITALIZATIONS (REASON AND DATE):

FOR NURSE STAFF:

Transition into Care

