

BLUE MOUNTAIN CLINIC  
610 N. California St. Missoula, MT 59802  
CHILDREN'S MEDICAL HISTORY (0-10 YEARS OLD)  
ALL INFORMATION IS CONFIDENTIAL

Patient # \_\_\_\_\_

Date \_\_\_\_\_

Legal name (please include middle initial) \_\_\_\_\_

Name you would like us to use \_\_\_\_\_ Your pronouns \_\_\_\_\_

Sex on legal documents (please circle one) \* Female Male | Social Security # \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or guardian's name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_

Other emergency contact \_\_\_\_\_

MOM OR BIRTHING PARENT'S HISTORY

# of pregnancies \_\_\_\_\_ # of live births \_\_\_\_\_ # of living children \_\_\_\_\_

This child's sibling order \_\_\_\_\_ Time interval since preceding pregnancy \_\_\_\_\_

Medications taken during this pregnancy \_\_\_\_\_

Complications during pregnancy, labor, delivery or other \_\_\_\_\_

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Was this child carried to full term? \_\_\_\_ yes \_\_\_\_ no If no, delivered at how many weeks? \_\_\_\_\_

Mom or Birthing Parent's age this pregnancy \_\_\_\_\_

FAMILY HISTORY (please list who, and include parents, grandparents, and siblings)

High blood pressure \_\_\_\_\_ Heart disease \_\_\_\_\_

Stroke \_\_\_\_\_ Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_ Major birth defects \_\_\_\_\_

Tuberculosis \_\_\_\_\_ Other \_\_\_\_\_

CHILDHOOD HISTORY

Weight at birth \_\_\_\_\_ Length at birth \_\_\_\_\_

Newborn problems (jaundice, feeding) \_\_\_\_\_

Congenital defects \_\_\_\_\_

Feeding, diet problems, bowel movements \_\_\_\_\_

Hospitalizations, surgeries, serious illnesses \_\_\_\_\_

\_\_\_\_\_

Frequent infections of ear, throat, bladder, other \_\_\_\_\_

Currently taking any medications for a chronic condition? Yes No

If yes, explain \_\_\_\_\_

Non-prescription medications \_\_\_\_\_

Skin problems \_\_\_\_\_

Other \_\_\_\_\_

DEVELOPMENT (Please list at what age your child did the following):

Sat up \_\_\_\_\_ Walked \_\_\_\_\_

Toilet trained \_\_\_\_\_ First words \_\_\_\_\_

Sentences \_\_\_\_\_ Comments \_\_\_\_\_

I GIVE MY CONSENT FOR CARE OF THE ABOVE-NAMED INDIVIDUAL AT BLUE MOUNTAIN CLINIC

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SIGNATURE OF PARENT OR GUARDIAN

DATE

\*While we recognize a number of genders and sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex listed on your insurance must be used on documents pertaining to insurance, billing, and legal correspondence. If your name and pronouns are different from these, please let us know so we may address you appropriately and respectfully.

