TRIANGLE PEDIATRIC CENTER, P.A.

101 SW Cary Parkway, Suite 270 • Cary, North Carolina 27511
Phone (919) 467-5543 • Fax (919) 469-2391

Date: _____

Patient Family History

Please include allergies, hay fever or asthma, heart disease, kidney disease, cancer, lung problems, bowel problems, and any other significant illnesses.

Family Member	Date of Birth	Health Problems
Mother		
Father		
Children		**Please list all children including the patient.**

Others: (Grandparents, Aunts, Uncles, etc. with significant health problems.)

- ☐ Asthma, Allergies, Eczema _____
- ☐ Heart Attacks, Stroke before age 55 _____
- ☐ Mental Illness _____
- ☐ School / Learning Problems _____
- ☐ Other: _____

_____

_____

OFFICE USE ONLY

Chart #: _____ Name: _____

2/2/2005