

Mayfair Medical Group
3401 Independence Drive
Birmingham, Alabama 35209
(205) 870-1273

PATIENT HISTORY

Patient Name: _____ Date of Birth: _____

Do any childhood illnesses run in mother's family? If so, please list.

Do any childhood illnesses run in father's family? If so, please list.

Mother's occupation: _____

Are there any known hazardous exposures at work? _____

Father's occupation: _____

Are there any known hazardous exposures at work? _____

Please list names and ages of all people living in household with patient.

Do you have any Pets? If so, please list.

Are there any smokers in your home? _____

Does or will patient attend out of home Day Care? _____

If so, where? _____

How frequently? _____