

PEDIATRIC PATIENT HISTORY

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Previous medical care – DR. \_\_\_\_\_ Hospital of Birth \_\_\_\_\_

Child's Past Medical History – Please circle y for yes or n for no, explain where required. N/A = not applicable

- y n have allergy to medicine
y n have other allergy
y n take medication
y n had surgery (age & procedure)
y n been hospitalized (age & reason)
y n had serious injuries/or complications at birth (age & description)

Has your child had:

- y n ADD/ADHD
y n Abdominal Pain
y n Acne
y n Allergic Rhinitis
y n Allergies
y n Anemia
y n Asthma
y n Bleeding disorder
y n Bronchiolitis
y n Bronchitis
y n Chickenpox year
y n Concussion/CHI
y n Congenital heart disease
y n Constipation
y n Diabetes
y n Eczema
y n Fracture
y n GERD
y n Headaches
y n Hearing Problems
y n Heart murmur
y n Menstrual problems
y n Migraines
y n Pneumonia
y n Prematurity
y n Pyelonephritis (Kidney infection)
y n Recurrent otitis media
y n Seizure disorder
y n Seizures – febrile
y n UTI
y n Vesicoureteral reflux (Kidney reflux disease)
Other

Family Medical History List all blood relatives of the child (mother, father, siblings, grandparents) who have had the following problems:

- ADD/ADHD
Allergies
Asthma
Birth defects
Cancer
Coronary artery disease
DDH (hip dysplasia)
Deafness
Depression
Developmental delay
Diabetes
Eczema
Genetic disorder
Hemoglobinopathy (Blood disorders)
Hyperlipidemia (Cholesterol problems)
Hypertension (High blood pressure)
Kidney disease
Learning disability
Mental retardation
Migraines
Obesity
Scoliosis
Seizure disorder
SIDS
Strabismus (Lazy eye)
Substance abuse
Thyroid disease

Other \_\_\_\_\_

Development & Behavior

Did/Does your child:

- y n sit alone by 9 months
y n walk by 15 months
y n use sentences by 3 years of age
y n participate in hobbies, sports, social activities
y n have behavior problems
y n have sleep problems
y n bedwet
y n smoke
y n use alcohol
y n use street drugs
Menstruation began (age) last period problems

Any Other Problems Not Mentioned Above

Family History Parents: married – divorced – separated – single

Father's age? Highest school grade?
Mother's age? Highest school grade?
List child's brothers & sisters & their ages:

Primary Language \_\_\_\_\_