

## PEDIATRIC PATIENT HISTORY

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

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

Please circle Y for Yes, N for No, N/A for Not Applicable and please explain where required

Previous medical care – DR. \_\_\_\_\_

Hospital of Birth \_\_\_\_\_

**Pregnancy & Birth** Mother's age at pregnancy? \_\_\_\_\_

During pregnancy did mother:

Y N experience illness \_\_\_\_\_

Y N use medication \_\_\_\_\_

Y N smoke \_\_\_\_\_

Y N use alcohol \_\_\_\_\_

Y N use street drugs \_\_\_\_\_

Y N test positive for Hepatitis B \_\_\_\_\_

Y N test positive for Syphilis \_\_\_\_\_

Y N test positive for Group B Strep \_\_\_\_\_

Y N test positive for HIV \_\_\_\_\_

**At Birth was/did baby:**

Y N born prematurely \_\_\_\_\_

Y N delivered by Cesarean Section \_\_\_\_\_

Y N jaundiced \_\_\_\_\_

Y N have breathing problems \_\_\_\_\_

Y N other complications \_\_\_\_\_

Birth weight \_\_\_\_\_

**Past Medical History**

Has/does your child:

Y N have allergy to medicine \_\_\_\_\_

Y N take medication \_\_\_\_\_

Y N \_\_\_\_\_

Y N had surgery (age & procedure) \_\_\_\_\_

Y N \_\_\_\_\_

Y N been hospitalized (age & reason) \_\_\_\_\_

Y N \_\_\_\_\_

Y N had serious injuries (age & description) \_\_\_\_\_

Y N \_\_\_\_\_

Has your child had:

- |                               |                              |
|-------------------------------|------------------------------|
| Y N Anemia                    | Y N Heart Murmur             |
| Y N Asthma/wheezing           | Y N Hepatitis                |
| Y N Bleeding tendency         | Y N Hearing problems         |
| Y N Blood transfusion         | Y N Seizures                 |
| Y N chicken pox year _____    | Y N Throat infections        |
| Y N Chronic ear infections    | Y N Urinary Tract infections |
| Y N Eczema/Hives              | Y N Vision problem           |
| Y N Fainting/loss of concious | Y N Weight problem           |
| Y N Other (explain) _____     |                              |

**Feeding & Nutrition**

Does/Did your child:

Y N have colic or feeding problems \_\_\_\_\_

Y N breast feed-number of months \_\_\_\_\_

Y N Formula feed-type \_\_\_\_\_

Y N Appetite usually good \_\_\_\_\_

Y N Take vitamins with Fluoride \_\_\_\_\_

Y N Have food allergies or special diet needs \_\_\_\_\_

**Family Profile** 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 Spoken at Home \_\_\_\_\_

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**Family Medical History:** List all blood relatives of your child who have had the following problems-use abbreviations

(F) Father (M) Mother (B) Brother (S) Sister

(MGM) Mother's Mother (MGF) Mother's Father

(PGM) Father's Mother (PGF) Father's Father (A) Aunt

(U) Uncle (C) Cousin

Anemia/sickle cell \_\_\_\_\_ Epilepsy/seizures \_\_\_\_\_

Asthma \_\_\_\_\_ Heart Disease \_\_\_\_\_

Mental Retardation \_\_\_\_\_ High Blood Press \_\_\_\_\_

Drug problem \_\_\_\_\_

Alcoholism \_\_\_\_\_ High cholesterol \_\_\_\_\_

Cancer \_\_\_\_\_ Diabetes(sugar) \_\_\_\_\_

HIV/AIDS \_\_\_\_\_

Cystic Fibrosis \_\_\_\_\_ Migraine \_\_\_\_\_

Muscular Dystrophy \_\_\_\_\_ Sudden Infant Death \_\_\_\_\_

Tuberculosis \_\_\_\_\_ Birth Defects \_\_\_\_\_

Arthritis \_\_\_\_\_ Early Deafness \_\_\_\_\_

Thyroid Disease \_\_\_\_\_ Kidney Disease \_\_\_\_\_

Other \_\_\_\_\_

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**Development & Behavior**

Did/does your child: Y N have learning problems

Y N sit alone by 9 months Y N have behavior problems

Y N walk by 15 months Y N have sleep problems

Y N use sentences by age 3 Y N bed wet

Y N participate in hobbies, Y N smoke

sports, social activities Y N use alcohol

Y N use street drugs

Menstruation began (age) \_\_\_\_\_ last period \_\_\_\_\_

problems \_\_\_\_\_

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**Any Other Problems Not Mentioned Above**

\_\_\_\_\_

\_\_\_\_\_

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**Social History**

Who does patient live with \_\_\_\_\_

Y N Smokers

Y N Drug use

Y N Alcohol use

Y N domestic abuse