

Children's Physicians

PEDIATRIC PATIENT HISTORY

Patient Name: _____ Date of Birth: _____ Date: _____

Please check YES or NO, explain where required. N/A = not applicable

Previous medical care - Dr. _____ Hospital of Birth: _____

Pregnancy & Birth - Mother's age at pregnancy _____

No Yes

Any illness during pregnancy? No Yes _____

Medications during pregnancy? No Yes _____

(exclude vitamins & iron) _____

During pregnancy, was there any:

Smoking Yes _____

Alcohol Yes _____

Street Drugs Yes _____

Was baby early? Yes _____

Type of delivery _____ Birth wt. _____ Length _____

Complications? Yes _____

Problems with baby at birth? Yes _____

Breathing Yes _____

Jaundice Yes _____

Other: _____

Past Medical History

Allergic reactions:

Medicine No Yes _____

Foods No Yes _____

Animals No Yes _____

Insect Bites No Yes _____

Meds taken on a regular basis? No Yes _____

Immunizations up-to-date? No Yes _____

Do you have a record? No Yes _____

Hospitalizations (when, where & why) _____

Serious Injuries (when, where) _____

Childhood diseases:

Chicken Pox No Yes _____

Whooping Cough No Yes _____

Rheumatic Fever No Yes _____

Scarlet Fever No Yes _____

Asthma/Wheezing No Yes _____

Eczema/Hives No Yes _____

Seizures No Yes _____

Bleeding Tendency No Yes _____

Anemia No Yes _____

Hepatitis No Yes _____

Recurrent Infections - Ear No Yes _____

Throat No Yes _____

Problems with - Hearing No Yes _____

Vision No Yes _____

Other _____

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; (FGM) Father's mother; (FGF) Father's father; (A) Aunt; (U) Uncle; (C) Cousin.

Anemia/Sickle Cell _____

Asthma _____

Mental Retardation _____

Drug Problem _____

Alcoholism _____

Cancer _____

HIV/AIDS _____

Cystic Fibrosis _____

Muscular Dystrophy _____

Tuberculosis _____

Arthritis _____

Epilepsy/Seizures _____

Heart Disease _____

High Blood Pressure _____

High Cholesterol _____

Diabetes (sugar) _____

Migraine _____

Sudden Infant Death _____

Birth Defects _____

Early Deafness _____

Other: _____

Any Other Problems Not Mentioned Above:

Completed By: _____

Reviewed By: _____