PEDIATRIC PATIENT HISTORY

Child's Name: _____ **Age:** _____ **Date:** _____

BIRTH HISTORY:

Date of Birth: _____ Hospital: _____
Problems during pregnancy? Yes ____ No ____ If yes, please list: _____
Full-Term or Premature? _____
Type of Delivery: Vaginal _____ C-Section _____ Complications: _____
Birth weight: _____ Length: _____ Head Circumference _____
Problems after birth of during first week:
- Breathing Problems _____ - Convulsions (Seizure) _____
- Jaundice _____ - Feeding Problems _____
- Heart Problems _____ - Other(s) _____

SOCIAL HISTORY:

Mother's Name _____ Age _____ Health _____
Father's Name _____ Age _____ Health _____
Brother / Sister _____ Age _____ Health _____
Brother / Sister _____ Age _____ Health _____
Brother / Sister _____ Age _____ Health _____
Child's School _____ Grade _____ Grades: Above Avg____ Avg ____ Poor ____

PAST MEDICAL HISTORY (Check all that apply):

□ Bedwetting	□ Fractures / Broken Bones	□ Behavior Problems
□ Head Injury / Concussion	□ Bladder / Urine Infection	□ Heart Murmur
□ Pneumonia	□ Bowel Problems	□ Hives / Skin Problems
□ Chicken Pox	□ Infectious Mono.	□ School Problems
□ Diabetes	□ Seizure	□ Ear Infections
□ Fainting	□ Age at first menstrual Period ____	□ Strep Throat / Scarlet Fever
□ Menstrual Problems	□ Wheezing or Asthma	

□ Frequent ER visits: □ Yes □ No If yes, list reason _____
Previous Hospitalization/ER visits □ Yes □ No If yes, proceed to next line.
Give Name of Hospital, Type or Problem, Child's Age

_____
_____

RISK FACTORS:

Smokers in Home? Patient: Yes ____ No ____ Other Family Members: Yes ____ No ____

FAMILY HISTORY:

Medical Problems (Relative of the patient)	None	Mother	Father	Sister/ Brother	Grand-Parent	Aunt /Uncle
Asthma						
Childhood Cancer						
Convulsions / Seizures						
Developmental Delay / Mental Retardation						
Diabetes / Sugar Diabetes						
Heart Disorder						
High Cholesterol						
Other / Comments						

Do you have any concerns? _____

Signature of parent/guardian: _____ **Date:** _____
Reviewed by Provider: _____ **Date:** _____