PATIENT HISTORY

Name _____ Male ☐ Female ☐
First *Middle* *Last*

Name child is called by _____ Birthdate _____ Race _____

Where was the child born? _____ Obstetrician _____

Is child adopted? _____ At what age? _____ Is child aware? _____

Full term pregnancy? _____ Premature? _____ Type of delivery? _____

Mother: Have you had breast surgery? _____

Did you take hormones or medicines during pregnancy? _____

Were there any abnormal ultrasound findings in pregnancy? _____

Complications in pregnancy or problems at birth? _____

Birth wt. _____ Length _____

PATIENT'S PAST MEDICAL/SOCIAL HISTORY

Any concerns for learning or development? _____

Any concerns for growth? _____

Concern for numerous: Ear Infections _____ Strep throats _____

Pneumonia _____

Convulsions/Seizures _____

Urinary Infections _____ Bed Wetting/Soiling problem? _____

Asthma or any use of inhaler/nebulizer? _____

Allergic to any medication? _____

Allergic to any food or insects? _____

Any smokers at home? _____ Any pets? _____

Is he/she receiving allergy shots? _____

Heart Disease? _____ A heart murmur? _____

Meningitis? _____

Has child received blood transfusion or blood products? _____

Any orthopedic (bone, joint, muscle) problems? _____

School problems/performance:

Scholastic _____ Conduct _____

Has child had a learning problem? _____

Has child ever been in a special class? _____

Any other past illness? _____

OPERATIONS (Enter Dates)

Circumcision _____

Tonsils and Adenoids _____

Appendectomy _____

Ear Tubes _____

Other operation or hospitalizations _____

_____

_____

FAMILY HISTORY

PARENT	BIRTH DATE	HT.	WT.	MEDICAL PROBLEMS	EDUCATIONAL LEVEL

Any history in close relative (parent, sibling, aunt, uncle, grandparent) of: (please check appropriate items)

__ Allergies
__ Asthma
__ Birth Defects
__ Bleeding Disorders
__ Blood Clots
__ Clotting Disorders
__ Cancer
__ Chemotherapy
__ Congenital Heart Defects
__ Diabetes
__ Genetic Disorders
__ Heart Disease
__ Heart Attack before age 55
__ High Blood Pressure
__ High Cholesterol
__ Kidney Disease
__ Liver Disease
__ Mental Health Disorders
__ Polycystic Ovarian Syndrome
__ Seizures/Epilepsy
__ Substance Abuse
__ Sudden Unexpected Death
__ Thyroid Disease
__ Tuberculosis

Who is legal guardian? _____ With whom does child live? _____

Has there been a separation, divorce or death? _____ When? _____ Has there been a remarriage? _____

What has been the attitude of your child to the situation? _____