

**PEDIATRIC PATIENT HISTORY**

Child's Name \_\_\_\_\_ Age Today \_\_\_\_\_ Date \_\_\_\_\_

Previous Physician \_\_\_\_\_ Referred by \_\_\_\_\_

**BIRTH HISTORY:**

Date of Birth \_\_\_\_\_ Hospital \_\_\_\_\_ Birthweight \_\_\_\_\_ Length \_\_\_\_\_

Prenatal Problems Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please list \_\_\_\_\_

Full-Term or Premature \_\_\_\_\_

Type of Delivery Vaginal \_\_\_\_\_ C-Section \_\_\_\_\_

**Problems After Birth or During First Week (0 = None)**

Breathing Problems \_\_\_\_\_

Convulsions \_\_\_\_\_

Jaundice \_\_\_\_\_ If "Yes", Was Treatment Needed? \_\_\_\_\_

Feeding Problems \_\_\_\_\_

Other \_\_\_\_\_

Breast Fed (How Long?) \_\_\_\_\_

Bottle Fed (Type(s) of Formula) \_\_\_\_\_

**FAMILY**

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Brothers \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Brothers \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Sisters \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Sisters \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Sisters \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Parents Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_ Separated \_\_\_\_\_

Residence: City Name \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Flat \_\_\_\_\_ Mobile Home \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_ Grades: Above average \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Preschoolers: In Day Care, Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of days per week \_\_\_\_\_

Name of Sitter/School \_\_\_\_\_

**IMMUNIZATIONS (LIST DATES(S) )**

D.P.T./D.T./t.d. ....  
 Oral Polio .....  
 M.M.R. ....  
 H.I.B. ....  
 TB tine .....  
 Hemoglobin .....  
 Urinalysis .....  
 Other .....


Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

**PAST-HISTORY**

**DISEASES(S) (0 = None)**

Roseola ("Baby Measles") _____	Mumps _____
Rubella ("German or 3-day measles") _____	Chickenpox _____
Rubeola ("Hard or 7-day Measles") _____	Scarlet Fever _____
Mononucleosis _____	Strep throat _____
Pneumonia _____	Ear infection _____
Bladder infection _____	"Wheezing" or Asthma _____
Heart murmur _____	Seizures _____
Diabetes _____	Hives/Skin problems _____
Fainting _____	Bed-wetting _____
Bowel problems _____	Behavior problems _____
Menstrual problems _____	Age of 1st period _____
Fracture _____	Sutures _____
Other _____	

Previous Hospitalizations/ER Visits:

Give name of Hospital. Type of problem. Child's age. If none, please write None.

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY**

**Medical Problems (Relatives of the Patient)**

- 0 = None
- M = Mother
- F = Father
- S/B = Sister/Brother
- GP = Grandparent
- A/U = Aunt/Uncle
- GGP = Great-Grandparent

- Tuberculosis (T.B.) .....
- Allergy/asthma .....
- Heart Attack Before Age 40 .....
- Diabetes .....
- Hypoglycemia (Low Blood Sugar) ....
- Convulsions .....
- Heart Disorder .....
- Cancer .....
- Hypertension (High Blood Pressure) .
- Arthritis .....
- Kidney/Bladder Disorder .....
- Stroke .....
- Bleeding Disorder .....
- Muscle Disorder .....
- Other .....

	0	M	F	S/B	G	A/U	GGP	

History of birth defects \_\_\_\_\_

History of S.I.D.S. \_\_\_\_\_