PEDIATRIC PATIENT HISTORY

DATE:_____

PATIENT'S NAME:_____ AGE:_____

MOTHER'S NAME:_____ MAIDEN NAME:_____

FATHER'S NAME:_____

CHIEF CONCERN:

_____

_____

BIRTH HISTORY: BIRTH WEIGHT:_____ APGARS:_____ VAGINAL OR C-SECTION

DAYS IN HOSPITAL AT BIRTH:_____ JAUNDICE?_____

NAME OF HOSPITAL WHERE BORN:_____

PRIOR MEDICAL PROBLEMS, HOSPITALIZATIONS AND SURGERIES:

_____

_____

IMMUNIZATIONS CURRENT?_____ (PLEASE ATTACH RECORDS)

DEVELOPMENT:

PLEASE INDICATE MONTHS AT WHICH CHILED SMMILED?_____ SAT WITHOUT SUPPORT_____

CRAWLED?_____ WALKED?_____ TALKED SIMPLE SENTENCES?_____

TALKED REGULAR SENTENCES?_____

DIET:

BREAST?_____ FORMULA?_____ (INDICATE LOW OR REGULAR IRON)

SOLIDS?_____

CURRENT MEDICATIONS:

_____

ALLERGIES:_____

SOCIAL:

NUMBER OF SIBLINGS?_____

MOTHER'S OCCUPATION?_____

FATHER'S OCCUPATION?_____

FAMILY HISTORY (CIRCLE AND INDICATE FAMILY MEMBER)

HEART DISEASE?_____ HIGH CHOLESTEROL/LIPIDS?_____

DIABETES?_____ CANCER?_____

HIGH BLOOD PRESSURE?_____ ASTHMA?_____

PREMATURE DEAFNESS?_____ OTHER?_____