Chattahoochee Pediatrics
~Caring for the Whole Child~

Vaishali Kute, MD, FAAP
Priya Thomas, MD, FAAP

MEDICAL HISTORY FORM

Patient's Name____ **Birth Date**____________

Family Unit (other siblings, relatives, and non-relatives living in household, continue on back if more room is needed)

Name	Relationship	Age

Patient Medical History
Birth weight_____________ Duration of pregnancy____ weeks Length of hospital stay_____________
Complications during pregnancy____
Complications at Birth____
Passed hearing screen ☐ Yes ☐ No Newborn Metabolic Screening ☐ Normal ☐ Abnormal
Length of time breastfed_____________ Any problems with early feeding? _________________________

Chronic Illnesses
☐ Reflux ☐ Frequent ear infections ☐ Hearing loss ☐ Asthma ☐ Autism ☐ Eczema ☐ Genetic abnormalities
☐ Developmental delay ☐ Bed-wetting after age 5 ☐ Chronic constipation ☐ Severe indoor/outdoor allergies
☐ Seizures ☐ Sickle cell trait/disease ☐ Bladder/kidney infections ☐ Heart problems/murmur ☐ Cystic fibrosis
☐ Chickenpox ☐ Anemia ☐ Migraines ☐ Diabetes ☐ Other____

Hospitalizations____
Surgeries____
Allergies____

Medications (List all the medications your child takes on a regular basis including the dose and frequency taken. Please also include any dietary supplements, herbs and vitamins that your child takes)
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If female, have menstrual periods started ☐ Yes ☐ No When was the first period__________________
Eye doctor_________________________________ Last visit__________ Glasses ☐ Contacts ☐
Dentist___________________________________ Last visit__________ Braces ☐
Grade_______ Name of school or daycare____

Does anyone smoke inside or outside of the home? ☐ Yes ☐ No
For teens, use of tobacco, alcohol or recreational drugs? ☐ Y ☐ N

Family History Are any of the following present in the child's immediate family?
☐ Asthma ☐ Heart disease ☐ High blood pressure ☐ High cholesterol ☐ Diabetes ☐ Migraines ☐ Seizures
☐ Anemia ☐ Bleeding disorders ☐ Sickle cell disease/carrier ☐ Deafness ☐ Severe allergies ☐ Autism
☐ Mental illness ☐ Immune problems ☐ Alcohol abuse ☐ Drug abuse ☐ ADD/ADHD ☐ HIV/AIDS ☐ Tuberculosis
☐ Other____

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