

NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_

## PAST MEDICAL HISTORY

### Allergic Reaction:

Medicine \_\_\_\_\_

Food \_\_\_\_\_

Insect \_\_\_\_\_

Other \_\_\_\_\_

Are immunizations up-to-date? \_\_\_\_\_

### Hospitalizations:

1. Date/Age: \_\_\_\_\_

Hosp: \_\_\_\_\_

Dx/Tx: \_\_\_\_\_

2. Date/Age: \_\_\_\_\_

Hosp: \_\_\_\_\_

Dx/Tx: \_\_\_\_\_

### Immunization Record


Any physical or mental handicap? \_\_\_\_\_

Seizures \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Bleeding Tendency \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Recurrent Ear Problems \_\_\_\_\_

Hearing Problems \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Eczema \_\_\_\_\_

Measles \_\_\_\_\_

Asthma \_\_\_\_\_

Pulmonary or cardiac disorder \_\_\_\_\_

GU Infections \_\_\_\_\_

STD \_\_\_\_\_

Menstrual Problems \_\_\_\_\_

Arthritis \_\_\_\_\_

School problems \_\_\_\_\_

Bed Wetting \_\_\_\_\_

Is your child taking any regular medication? \_\_\_\_\_

Has Development been normal? \_\_\_\_\_

Sat alone \_\_\_\_\_

Walked \_\_\_\_\_

Sentences \_\_\_\_\_

Fed Self \_\_\_\_\_

Peer Problems \_\_\_\_\_

Grade Failure \_\_\_\_\_

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## **BIRTH HISTORY**

Gestational Age \_\_\_\_\_  
Delivery Weight \_\_\_\_\_  
Type of Delivery \_\_\_\_\_  
Apgar Score \_\_\_\_\_

### **PROBLEMS/COMPLICATIONS:**

#### **NEONATAL**

Infection \_\_\_\_\_  
Jaundice \_\_\_\_\_  
Circumcision \_\_\_\_\_  
Other \_\_\_\_\_

#### **PREGNANCY**

Drugs \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Medication \_\_\_\_\_  
Problems \_\_\_\_\_

#### **NEWBORN SCREEN**

Galactosemia \_\_\_\_\_  
PKU \_\_\_\_\_

CAH \_\_\_\_\_

SICKLE \_\_\_\_\_

THYROID \_\_\_\_\_

#### **FEEDING**

Breast \_\_\_\_\_ How Long? \_\_\_\_\_  
Formula \_\_\_\_\_

Water Supply \_\_\_\_\_

## **FAMILY HISTORY**

Mother \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_  
Father \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

### **Siblings:**

1. \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_ Health \_\_\_\_\_

Heart Attack/Stroke \_\_\_\_\_ Muscular Dystrophy \_\_\_\_\_  
Asthma/Eczema/Hay Fever \_\_\_\_\_ Diabetes \_\_\_\_\_  
Bleeding Disorder \_\_\_\_\_ Seizures \_\_\_\_\_  
Congenital Heart Disease \_\_\_\_\_ Arthritis \_\_\_\_\_  
Cancer \_\_\_\_\_ Tuberculosis \_\_\_\_\_  
Anemia \_\_\_\_\_ Sickle Cell \_\_\_\_\_  
Cystic Fibrosis \_\_\_\_\_ SIDS \_\_\_\_\_  
Mental Retardation \_\_\_\_\_ GI Disorder \_\_\_\_\_  
Migraine \_\_\_\_\_ Deafness \_\_\_\_\_  
Hypertension \_\_\_\_\_ AIDS \_\_\_\_\_  
Alcoholism/Depression \_\_\_\_\_  
Other \_\_\_\_\_