Through the Years PEDIATRICS
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Past Medical History

Name:_____DOB:_____

Birth history:

Child was born:

□ On time □ Early (How early?) _____ □ Late

Child was born by:

□ Vaginal □ Caesarian section (Why?)_____

Right after birth:

□ Baby was healthy and went home in a few days
□ Baby had some mild problems: _____
□ Baby stayed in NICU for a long time

Medical history:

□ Serious injuries or accidents (what type)_____
□ Surgeries:_____
□ Hospitalizations:_____

□ Frequent Ear infections	□ Problems with ears or hearing
□ Asthma, bronchitis, bronchiolitis or pneumonia	□ Allergy to animals
□ Outdoor allergens	□ Indoor allergens
□ Heart problems or heart murmur	□ Anemia or bleeding problem
□ Blood transfusion	□ Frequent abdominal pain
□ Constipation requiring doctor visits	□ Bladder or kidney infection
□ Bed-wetting (after 5 years of age)	
□ If female, have menstrual periods started? □ Yes	□ No
□ If female, any problems with periods? □ Yes	□ No
□ Chronic or recurrent skin problems	□ Frequent headaches
□ Convulsions or other neurologic problems	□ Diabetes
□ Thyroid or other endocrine problems	□ Use of alcohol or drugs

□ Other significant problems:_____

History

Name:_____

Medication Allergies: □ None □ _____

Current medications and dosages:

_____
_____
_____

Family Medical History: (for each problem please state relationship to patient)

□ Deafness_____ □ Nasal allergies _____
□ Asthma_____ □ Tuberculosis _____
□ Heart disease (before age 50)_____
□ High blood pressure (before age 50) _____
□ High cholesterol _____ □ Anemia _____
□ Bleeding disorder _____ □ Liver disease _____
□ Kidney disease _____ □ Diabetes_____
□ Bedwetting (after age 10) _____ □ Epilepsy or convulsions_____
□ Alcohol abuse _____ □ Drug abuse _____
□ Mental illness _____ □ Mental retardation_____
□ Immune problems, HIV _____
□ Any other pertinent problems _____

Social History:

Who lives in the same house with the patient:
□ Sibling □ Mother □ Father □ Stepmother □ Stepfather
□ Grandmother □ Grandfather □ Other_____

Are there pets in the home? What type?

Are there smokers in the home? □ Yes □ No

Are there guns in the home? □ Yes □ No

Are the guns locked and kept separate from the ammunition? □ Yes □ No