

# PEDIATRIC HEALTH HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**Please complete all sections.**

Brief description of reason for visit to this office:

Allergies: Medications, Foods, Environmental (ex. Latex)


### Medical and/or Surgical Hospitalization History


List: Medications, Vitamins and Herbs you are presently taking


Birth History:                      Birth Weighth:                      lb.                      oz.

Yes	No	Condition	Please provide details
<input type="checkbox"/>	<input type="checkbox"/>	Problems during pregnancy	Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Problems during delivery	Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Forceps delivery	
<input type="checkbox"/>	<input type="checkbox"/>	Cesarean section	
<input type="checkbox"/>	<input type="checkbox"/>	Delivered early	How many weeks?
<input type="checkbox"/>	<input type="checkbox"/>	Delivered late	How many weeks?
<input type="checkbox"/>	<input type="checkbox"/>	Baby kept in hospital due to illness	Why and how long?
<input type="checkbox"/>	<input type="checkbox"/>	Delayed development	Describe:

### Past Medical History

Have you ever had the following: (Circle "no" or "yes")

Measles	no	yes	Blood Transfusions	no	yes	Bronchitis	no	yes
Mumps	no	yes	Migraine headaches	no	yes	Mitral Valve Prolapse	no	yes
Chickenpox	no	yes	Tuberculosis	no	yes	Stroke	no	yes
Whooping Cough	no	yes	Diabetes	no	yes	Hepatitis	no	yes
Scarlet Fever	no	yes	Cancer	no	yes	Ulcer	no	yes
Diphtheria	no	yes	Polio	no	yes	Kidney Disease	no	yes
Smallpox	no	yes	Glaucoma	no	yes	Thyroid Disease	no	yes
Pneumonia	no	yes	Hernia	no	yes	Bleeding tendency	no	yes
Rheumatic Fever	no	yes	Back trouble	no	yes	Infectious Mono	no	yes
Heart Disease	no	yes	High blood pressure	no	yes	Any other disease	no	yes
Arthritis	no	yes	Low Blood pressure	no	yes	(Please list)		
Venereal Disease	no	yes	Hemorrhoids	no	yes			
Anemia	no	yes	Hives or Eczema	no	yes			
Bladder Infections	no	yes	Asthma	no	yes			
Epilepsy	no	yes	Date of last chest x-ray	no	yes			

