#### **Print in Color or Grayscale Only**

Using Adobe Acrobat Reader 8.0 or later

### Pediatric Medical History Age 12 and under



	PLEASE PRINT PAT	IENT'S LAST NAME			
Marking Instructions					
	DI FACE DOINT DAT	TENT'S FIRST NAME	E DATIENT	C'S DATE OF DIDTU	
Please use a # 2 pencil	PLEASE PRINT PAT	IENT'S FIRST NAM	E PATIENT	r's date of birth	
Fill in the complete oval as shown					
			Month	Day	Year
SOCIAL HISTORY					
HOME					
Child lives with (mark all that apply):		bo	oth parents	grandı	parent(s)
· · · · · · · · · · · · · · · · · · ·	ther only 🔘		tepmother 🔾		relative
mo	ther only 🔵		stepfather 🔵	foste	er parent 🔘
other (please	e specify):				
Number of siblings (brothers and sisters):		0	1 2 3 4	5 6	7 8+
Any concerns about lead exposure?				yes 🔾	no
Are there any guns in the home?				yes O	no
Are there working smoke detectors in the home	e?			yes 🔾	no 🔾
Is there any violent behavior in the family?				yes 🔾	no 🔾
Does anyone in the household smoke?				yes 🔾	no 🔾
Childcare situation: parents	oday day	care 🔵	relative 🔵	babysitter	· / nanny 🔘
athan foliana	: <b>:</b> \.				
other (please Television / computers / electronics hours daily		4 2 2	4 5 6 7		
relevision / computers / electronics nours daily	/: <b>0</b>	1 2 3	4 5 6 7	8 9 1	10 11 12+
Mark any concerns about your child:					
	oacco use	sex	rual activity 🔵	aggressive	behavior 🔘
BIRTH HISTORY					
			mala		female
Sex:			male on time	pr	female emature
Sex: Patient was born:	24 25 26	27 28 29	on time	•	emature 🔘
Sex:	24 25 26	27 28 29		3 34 35 3	
Sex: Patient was born: If premature, weeks gestation:  Delivery was:	24 25 26		on time 30 31 32 33	3 34 35 3	emature
Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:	24 25 26		on time	3 34 35 3 Cesarea	emature
Sex: Patient was born: If premature, weeks gestation:  Delivery was:		vagir	on time 30 31 32 33 31 32 33 31 32 3	Cesareal 1 12	emature 66 37 38 on section
Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  0		vagir	on time 30 31 32 33 31 32 31 31 32 31 31 32 31 31 32 31 31 32 31 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	Cesareal 1 12	emature
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Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  ounces  Birth length:  inches  Please indicate any problems during this pregnature preterm labor	1 2 3 1 2 3 1 3 14 15 2 ancy: high blood pres	vagir  4	on time 30 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	Cesarear  0 11 12  0 11 12 1	emature 386 37 38 37 38 37 38 37 38 37 38 37 38 37 38 37 38 37 38 38 38 38 38 38 38 38 38 38 38 38 38
Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  ounces  Birth length:  inches  Please indicate any problems during this pregnature preterm labor major abdominal injury	1 2 3 1 2 3 1 2 3 13 14 15 ancy:	vagir  4	on time 30 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	Cesareal  11 12  11 12  11 12  12 12  14 15 15 15 15 15 15 15 15 15 15 15 15 15	emature  36 37 38  1 15
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Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  ounces  Birth length:  inches  Please indicate any problems during this pregnature preterm labor  major abdominal injury  Did baby have any problems after birth?	1 2 3 1 2 3 1 3 14 15 2 ancy: high blood pres preeclam	vagir  4 5 6  4 5 6  16 17 18  sure psia  adoption	on time 30 31 32 33 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	Cesareal  11 12  11 12  11 12  12 10  1	emature  36 37 38  1 15  1 15  1 15  1 15  1 1 15  1 1 15  1 1 15  1 1 15
Sex: Patient was born:  If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  ounces  Birth length:  inches  Please indicate any problems during this pregnature preterm labor  major abdominal injury  Did baby have any problems after birth?  Is the child yours by:	1 2 3 1 2 3 1 3 14 15 2 ancy: high blood pres preeclam	vagir  4 5 6  4 5 6  16 17 18  sure psia  adoption	on time 30 31 32 33 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 33 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	Cesareal  11 12  11 12  11 12  12 10  1	emature  36 37 38  3 14 15  drug use  acco use  no other
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Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  ounces  Birth length:  inches  Please indicate any problems during this pregnature preterm labor  major abdominal injury  Did baby have any problems after birth? Is the child yours by: Please indicate any medical problems during the	1 2 3 1 2 3 1 3 14 15 2 ancy: high blood pres preeclam 2 preeclam 2 preeclam 3 preeclam 3 preeclam 4 preeclam 4 preeclam 5 preeclam 6 preeclam 6 preeclam 7 preeclam 7 preeclam 8 preeclam 8 preeclam 8 preeclam 9 preeclam	vagir  4 5 6  4 5 6  16 17 18  sure psia adoption od:	on time  30 31 32 33  nal delivery  7 8 9 10  7 8 9 10  19 20 21 22  diabetes alcohol use  y  stepch	Cesareal  11 12  11 12  11 12  12 10  13 14 35 3	emature  86 37 38  n section  drug use acco use no other NONE
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Sex: Patient was born: If premature, weeks gestation:  Delivery was: Birth Weight:  pounds  ounces  Birth length:  inches  Please indicate any problems during this pregnature preterm labor  major abdominal injury  Did baby have any problems after birth? Is the child yours by: Please indicate any medical problems during the	1 2 3 1 2 3 1 3 14 15 2 ancy: high blood pres preeclam 2 preeclam 2 preeclam 3 preeclam 3 preeclam 4 preeclam 4 preeclam 5 preeclam 6 preeclam 6 preeclam 7 preeclam 7 preeclam 8 preeclam 8 preeclam 8 preeclam 9 preeclam	vagir  4 5 6  4 5 6  16 17 18  sure psia adoption od:	on time  30 31 32 33  nal delivery  7 8 9 10  7 8 9 10  19 20 21 22  diabetes alcohol use  y  stepch	Cesarear  11 12  11 12 1  12 1  14 15 1  15 16 1  16 16 1  17 16 1  18 16 1	emature  86 37 38  n section  drug use acco use no other NONE



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STAFF: Responses in boxes
and handwritten items must
be entered <b>MANUALLY</b> .

NUTRITION AND FEEDING	G					
eeding style:			brea	st 🔾	bottle 🔵	both
f breast fed, number of months:	1-5	6-10	11-15	16-20 21-2	5 26-30 3	1-35 36 or more
Has your child had any unusual feed	ding / dietan	v problems?			Ves	no
f yes, please specify:	allig / uletary	y problems:			yes	no
Milk intake now:	C	ow's milk		1% fa	ıt 🔘	whole
		nonfat	<u></u>	2% fa	t	soy / rice milk
Average ounces per day						
Note: 8 ounces = 1 cup						
DENTAL HISTORY						
	+2				yos 🗀	20/
Has the child been seen by a dentis If so, how often?	l?				yes	no
6 months	1 year		2 years	3 year	s 4	or more years
9 111 9 11 11 11	_ / ou.		_ ,	7.1		7 1 7
SLEEP						
		1	2 3	4 5 6	7 8 9	10 11 12
Hours per night: Naps (number and length of time):						
riaps (number and length of tille).						
(hives, rash, itching	, headaches	, nausea, dia	rrhea, faint	ing, shock, short	ness of breath, etc.	)
MEDICATIONS	What medic	ations is the	patient ta	king at this time?	?	
(Include prescripti	on medicatio	ons and over	the counte	r medications or		ts.
	e.g. Aspirin	, Motrin, Vita	amins, St. J	ohn's Wort, etc.)		
NOT ACTIVELY TAKING AN	Y MEDICATI	ONS - PRESC	CRIPTION O	R OTHERWISE		
Name of PRESCRIPTION MEDICATION	Dosage	Frequency	Name o	f OTC or HERBAL	Dosage	Frequency
		1,11,11,11				1,1,1,1
IMMUNIZATIONS						
child has had no immuniza				ne	all immunizations	are up to date
Please brit	ng vour child			ds to his / her app	pointment.	

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### Pediatric Medical History Age 12 and under



		nstructions	1	DI EACE DO:	UT DATIENT'S T	UDCT NAME		NATIONIT'S DAT	TE OF BURTU	
	# 2 pencil			PLEASE PRIN	NT PATIENT'S F	IRST NAME	<u> </u>	PATIENT'S DAT	E OF BIRTH	
I in the co	mplete oval a	s shown								
							l	Month Da	ау	Year
OUR I	MEDICAL	. <b>HISTORY</b> Mark all tha			f the <u>PATIEI</u> rk, " <mark>NO ME</mark> I			e following		
PAST	CURRENT				PA	AST CUR	RENT			
		ADD / ADHD					) De	afness		
		Allergies (Sea	sonal)				) Dia	abetes Juve	nile Onset	
		Anemia					Do	wn's Syndr	ome	
		Anxiety Disor	der			$\supset$	) Ec	zema		
		Arrhythmia					<b>E</b> p	ilepsy		
		Asperger's					⊃ He	aring Loss		
		Asthma					⊃ He	art Murmu	r	
		Autism				$\supset$	) Ins	omnia		
		Cancer (Leuke						graines / H		
		Cancer (Lymp	homa)				⊃ Mι	uscular Dys	trophy	
		Gluten Enterd					Ov.	erweight /	Obesity	
		Congenital He				$\supset$	⊃ Sco	oliosis		
		Congestive He	eart Failur	e				MEDICAL	HISTORY	
Tonsile Adend Broke	s Removed oids Remove n Bone(s) / F	racture(s) (pleas	○ Н ○ А	dernia Repa Appendix Re				Ear Tub Heart S	pe(s) Insert urgery	ed
Tonsil: Adence Broke Other	s Removed pids Remove n Bone(s) / F Surgery (ple	d racture(s) (pleas ase specify):	○ H ○ A se specify)	appendix Re	emoved	ENT'S FAM	ILY has a h	Heart S	urgery	
Tonsil: Adence Broke	s Removed pids Remove n Bone(s) / F Surgery (ple	d racture(s) (pleas	A A A See specify)	ppendix Re			ILY has a h	Heart S	urgery	
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