	PLEASE PRINT PATIENT'S LAST NAME		
Marking Instructions			
Please use a #2 pencil.	PLEASE PRINT PATIENT'S FIRST NAME	PATIENT'S DATE OF	BIRTH
Fill in the complete oval as shown			
		Month Day	Year
REASON FOR VISIT TODAY What i	is the reason for today's visit?		
abdominal pain O liver dis	ease O vomiting O	constipation O othe	er (please specify): 🤇
diarrhea 🦳 feeding is	sues O growth concerns O	bleeding 🔵 🔤	
PATIENT MEDICAL HISTORY Please			
ADD / Hyperactivity	Cancer	Liver Disease	
Alcohol Problems	Cataracts	Migraine He	
Allergies (Food / Environmental) Anemia	<ul> <li>Celiac Disease</li> <li>Colitis / Ulcerative Colitis</li> </ul>	Muscle Dise	ase
<ul> <li>Anxiety Disorders</li> </ul>	<ul> <li>Congenital Heart Condition</li> </ul>	<ul> <li>Polyps</li> <li>Psychiatric II</li> </ul>	llness
Anxiety Disorders	Convulsions (Epilepsy / Seizures)		isease / Trait
Attinus	Crohn's Disease	Stomach Pro	
Autism	Cystic Fibrosis	Stroke	, siems
Bipolar Disorder	<ul> <li>Depression</li> </ul>	Substance A	huse
Birth Defects	Diabetes	Thyroid Disc	
<ul> <li>Bleeding Problems</li> </ul>	Gallbladder Disease	Tooth Enam	
Blindness	High Blood Pressure	Other (please	specify):
Blood Transfusion	Kidney Disease		
SOCIAL HISTORY Is the patient adopted? Does the patient attend daycare?		yes	no C
Is the patient adopted? Does the patient attend daycare?	both parents 〇	yes O dad O	no no courts
Is the patient adopted? Does the patient attend daycare? Who has legal custody of the patient?	both parents O mom O	yes 🔿	no 🤇
Is the patient adopted? Does the patient attend daycare? Who has legal custody of the patient? TOBACCO USE	mom 🔾	yes dad grandparent(s)	no Courts Cother
Is the patient adopted? Does the patient attend daycare? Who has legal custody of the patient? TOBACCO USE Does anyone smoke around the patient	mom 🔾	yes O dad O	no 🤇 courts 🤇
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## **Pediatric Medical History**

Please answer every question.

STAFF: Responses in boxes and handwritten items must be entered MANUALLY.

GICAL ANL	HOSPITALIZATION HISTORY								
SURGERIES									
	ent ever had any surgery?				yes	$\sim$	)		no 📿
	e mark all surgeries the patient has had:								
Tonsils	Ear Tubes Tracheosto	-	c .						
Adenoid HOSPITALIZ		se speci	ty):						
	ent ever been hospitalized?				Vo		<b>`</b>		no (
	e list the reason for hospitalized?	e date	.•		yes	,	,		no 🤇
ii yes, pieds		e uate	•						
ANESTHESIA					Vo				no (
	ent ever had any problems with anesthesia? e list the reactions the patient had and approximate da	to·			yes	, <u> </u>	)		no
<b>AILY MEDIC</b>	CAL HISTORY Please mark all conditions the patier	nt's far	nily h	as ha	d.				
	If you do not know of any family me	mbers	with	a cor	nditio	on, m	ark "	Unawa	are."
			/	/	/		/	/ <u>بتر /</u>	/ /
	PATIENT'S FAMILY HISTORY UNKNOWN		/.	~	at		Grandp	arett	Jnaware
	NO SIGNIFICANT FAMILY MEDICAL HISTORY		ther M	other P	srother	<b>sister</b>	andt	orther 1	ania
		44	41	<b>v</b>	<u>, , , , , , , , , , , , , , , , , , , </u>	21.	6.	0. 1	5.
	Allorgies (5. d (5. incomplete)	0	9	$\bigcirc$	0				
	Allergies (Food / Environmental) Anemia		$ \ge $	$\ge$	$\overline{\bigcirc}$			$\mathbb{H}$	-
	Anemia	H	긝	$\ge$	$\frac{1}{2}$		$\parallel$	$\exists \cong$	
	Attention Deficit Disorder / Hyperactivity		$ \ge   $	$\ge$	$\overline{)}$			$\mathbb{H}$	-
	Bipolar Disorder	H	H	$\ge$	$\overline{\bigcirc}$	K			
	•		$\smile$	$\sim$	$\sim$	$\sim$		$\square$	-
	Birth Defects	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$				
	Birth Defects Cancer		0	0	0				
		000	0000	000	000				
	Cancer	0000	0000	0000	0000				
	Cancer Celiac Disease	00000	000000	00000	00000	00000			
	Cancer Celiac Disease Coagulation Problems	00000	000000000000000000000000000000000000000	000000	000000	000000			
	Cancer Celiac Disease Coagulation Problems Colitis / Ulcerative Colitis	000000	000000000000000000000000000000000000000	0000000	0000000				
	Cancer Celiac Disease Coagulation Problems Colitis / Ulcerative Colitis Convulsions (Epilepsy / Seizures) Crohn's Disease Depression		000000000000000000000000000000000000000	000000000	00000000				
	Cancer Celiac Disease Coagulation Problems Colitis / Ulcerative Colitis Convulsions (Epilepsy / Seizures) Crohn's Disease Depression Diabetes		000000000000000000000000000000000000000	0000000000	000000000				
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	Cancer Celiac Disease Coagulation Problems Colitis / Ulcerative Colitis Convulsions (Epilepsy / Seizures) Crohn's Disease Depression Diabetes Easy Bruising Gallbladder Disease		000000000000000000000000000000000000000	0000000000000	0000000000000				
	Cancer Celiac Disease Coagulation Problems Colitis / Ulcerative Colitis Convulsions (Epilepsy / Seizures) Crohn's Disease Depression Diabetes Easy Bruising Gallbladder Disease Growth / Developmental Disorders								
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Page 2 of 4

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## **Pediatric Medical History**

Please answer every question.



**STAFF:** Responses in boxes and handwritten items must be entered **MANUALLY**.

HEPATIC CARDIOVASCULAR RESPIRATORY GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC	Polyps Abdominal Pain Trouble Swallowing Painful Swallowing Bad Breath (Halitosis) Nausea / Vomiting Irritable Bowel Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash Bruises	ct Infections		<ul> <li>Heartburn</li> <li>Colic</li> <li>Diarrhea</li> <li>Constipation</li> <li>Rectal Blee</li> <li>Change in</li> <li>Weight Loo</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	on eding Bowel Movements ss leartbeat
HEPATIC   CARDIOVASCULAR   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Trouble Swallowing Painful Swallowing Bad Breath (Halitosis) Nausea / Vomiting Irritable Bowel Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Colic</li> <li>Diarrhea</li> <li>Constipation</li> <li>Rectal Blee</li> <li>Change in</li> <li>Weight Loo</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	on eding Bowel Movements ss leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Painful Swallowing Bad Breath (Halitosis) Nausea / Vomiting Irritable Bowel Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Diarrhea</li> <li>Constipation</li> <li>Rectal Blee</li> <li>Change in</li> <li>Weight Los</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	eding Bowel Movements ss leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Bad Breath (Halitosis) Nausea / Vomiting Irritable Bowel Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Constipation</li> <li>Rectal Blee</li> <li>Change in</li> <li>Weight Loo</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	eding Bowel Movements ss leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Nausea / Vomiting Irritable Bowel Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Rectal Blee</li> <li>Change in</li> <li>Weight Lo:</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	eding Bowel Movements ss leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Irritable Bowel Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Change in</li> <li>Weight Log</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	Bowel Movements ss leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Bloating Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Weight Lo:</li> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	ss leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Crohn's Disease Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>NONE</li> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	leartbeat
HEPATIC   CARDIOVASCULAR   RESPIRATORY   GENITOURINARY   ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Hepatitis Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Jaundice</li> <li>NONE</li> <li>Irregular H</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
CARDIOVASCULAR RESPIRATORY GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Pancreatitis Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>NONE</li> <li>Irregular H</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
CARDIOVASCULAR RESPIRATORY GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Blood Pressure Proble Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>Irregular H</li> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
RESPIRATORY GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Heart Murmur Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	ct Infections		<ul> <li>NONE</li> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
RESPIRATORY GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Chest Pain Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			<ul> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	a
RESPIRATORY GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Chronic Cough Choking with Food Bronchitis Hoarseness Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			<ul> <li>Asthma</li> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	a
GENITOURINARY ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Choking with Food Bronchitis Hoarseness Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			<ul> <li>Pneumoni</li> <li>NONE</li> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	a
ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT	Bronchitis Hoarseness Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			NONE NONE NONE Seizures NONE Back Pain NONE Anemia	a
ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT	Hoarseness Frequent Urinary Track Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			<ul> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT	Frequent Urinary Trac Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			<ul> <li>NONE</li> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
ENDOCRINE / METABOLIC NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT	Kidney Stones Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash			<ul> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
ENDOCRINE / METABOLIC   NEUROLOGIC   MUSCULOSKELETAL   BLOOD DISORDERS   SKIN   EYES   EAR, NOSE & THROAT   PSYCHOSOCIAL	Cold Intolerance Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	25		<ul> <li>NONE</li> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
NEUROLOGIC MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Migraines / Headache Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	25		<ul> <li>Seizures</li> <li>NONE</li> <li>Back Pain</li> <li>NONE</li> <li>Anemia</li> </ul>	
MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Weakness Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash	25	C	NONE Back Pain NONE Anemia	
MUSCULOSKELETAL BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT	Joint Pain / Swelling Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash		C	Back Pain NONE Anemia	
BLOOD DISORDERS SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Neck Pain Clotting Problems Easy Bruising Easy Bleeding Rash		<u> </u>	Anemia	
BLOOD DISORDERS	Clotting Problems Easy Bruising Easy Bleeding Rash			Anemia	
SKIN EYES EAR, NOSE & THROAT PSYCHOSOCIAL	Easy Bruising Easy Bleeding Rash		$\bigcirc$		
EYES Contemporation Contemporatio Contemporation Contemporation Contemporation Contemporation Co	Easy Bleeding Rash			NONE	
EYES Contemporation Contemporatio Contemporation Contemporation Contemporation Contemporation Co	Rash			NIONE	
EYES Contemporation Contemporatio Contemporation Contemporation Contemporation Contemporation Co				NONE	
EAR, NOSE & THROAT	Bruises				
EAR, NOSE & THROAT			C	NONE	
PSYCHOSOCIAL	Blurred or Double Vis	ion			
PSYCHOSOCIAL	Blindness		$\bigcirc$	NONE	
	Loose Teeth		$\subset$	Deafness	
	Enamel Problems				
	Nosebleeds		C	NONE	
OTHER (Please list any symptoms / illness	Mood Changes		$\sim$	NONE	
Is the patient's family physician av		ptoms / illnes yes	sses that hav no 〇		<b>ked?</b> t applicable 🔵
ERGIES Please list allergies the pa	ient has. (Include enviro			ies and reactio	n to previous blood tran
PATIENT HAS NO KNOWN ALL  ubstance Rea		nmental, medica	ation, food aller		
Near Inco	RGIES	Substance	ation, food allers	R	eaction

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(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)

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## **Pediatric Medical History**

Please answer every question.



**STAFF:** Responses in boxes and handwritten items must be entered MANUALLY.

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Name of Medication	Dosage	Frequency	Name of N	Nedication		Dosage	Frequency
IMMUNIZATIONS							
Are the patient's immunization				yes 🔾		no 🔵	unknown 🤇
Has the patient had the followi	ng immunizati	ons?					
Hepatitis A				yes 🤇		no 🔘	unknown
Hepatitis B				yes 🔾	-	no 🔿	unknown
Varicella (Chicken Pox)				yes 🔾			unknown
Meningococcal				yes 🤇		no 🔿	unknown 🤇
BIRTH HISTORY							
How much did the patient weig	gh at birth?		10	0 1 2	3 4	456	7 8
				$\bigcirc \bigcirc \bigcirc \bigcirc$	$) \bigcirc \bigcirc$	$\mathbf{DOC}$	$) \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ $
			10	0 1 2	3 4	456	7 8 9
	<b>6</b> 11 -			000	$) \bigcirc ($	$\underline{OOC}$	
Was the patient's birth premat	ure or full term	1?			premati	ure 🔿	full term 🤇
The patient's MOTHER:				Ossunation			
First and last name: The patient's FATHER:				Occupation: _			
The patient's FATHER.							
First and last name:				Occupation:			
First and last name:	does the natie	ont have?		Occupation: _			
First and last name: How many brothers and sisters	does the patie	ent have?	)	•	3 🔿	4 📿	>5 (
	-		) 2	Occupation: _	3 🔿	4 (	>5 <
How many brothers and sisters	-			•	3 🔿	4 (	>5 (
How many brothers and sisters FEMALES ONLY	0			•	3 🔿		>5 (
How many brothers and sisters FEMALES ONLY Has the patient started having	0	1 📿		•	3	4 C	> > 5 (
How many brothers and sisters FEMALES ONLY	0 periods? itient when she	1	eriod?	2		yes 📿	) no (
How many brothers and sisters FEMALES ONLY Has the patient started having	0 periods? itient when she	1 📿		2	3 ()	yes 📿	
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa	0 periods? itient when she	1	eriod?	2		yes 📿	) no (
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period:	0 periods? Itient when she 8 9	1 c e had her first p 0 10 c	eriod?	2		yes (	no ( 15 () 16+ (
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa	0 periods? Itient when she 8 9	1 c e had her first p 0 10 c	eriod?	2		yes 14 a lot	no ( 15 16+ ( t of cramping (
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period:	0 periods? Itient when she 8 9	1 c e had her first p 0 10 c	eriod?	2	13 🔾	yes 14 a lot ver	no ( 15 () 16+ (
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period:	0 periods? Itient when she 8 9	1 c e had her first p 0 10 c	eriod?	2	13 periods th	yes 14 a lot ver nat last more	no 15 16+ t of cramping ry heavy flow e than 5 days
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period:	0 periods? Itient when she 8 9	1 c e had her first p 0 10 c	eriod?	12	13 periods th	yes 14 a lot ver nat last more	no 15 16+ t of cramping ry heavy flow e than 5 days
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period: Mark all problems that th Does the patient use any birth	0 periods? tient when she 8 9 e patient has re	1 c e had her first p	eriod?	2 12 irregular period	13 periods th	yes 14 a lot ver nat last more	no 15 16+ t of cramping ry heavy flow e than 5 days ur every month) other
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period: Mark all problems that th	0 periods? tient when she 8 9 e patient has re	1 c e had her first p	eriod?	2 12 irregular period	13 periods th	yes 14 a lot ver nat last more hat do not occ	no 15 16+ t of cramping ry heavy flow e than 5 days ur every month) other
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period: Mark all problems that th Does the patient use any birth	0 periods? tient when she 8 9 e patient has re	1 c e had her first p	eriod?	2 12 irregular period	13 periods th	yes 14 a lot ver nat last more hat do not occ yes	no 15 16+ t of cramping ry heavy flow e than 5 days ur every month) other no
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period: Mark all problems that th Does the patient use any birth Has the patient ever been preg	0 periods? tient when she 8 9 e patient has re control method nant?	1 e had her first p 10 10 egarding her pe	eriod?	2 12 irregular period	13 periods th	yes 14 a lot ver nat last more hat do not occ yes	no 15 16+ t of cramping ry heavy flow e than 5 days ur every month) other no
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period: Date of last period: Mark all problems that th Does the patient use any birth Has the patient ever been preg PATIENTS UNDER 1 YEAR	0 periods? titient when she 8 9 e patient has re control method nant? OF AGE ONL	1 e had her first p ) 10 egarding her pe ds for any reasc	eriod?	2 12 irregular period , patch, shot, etc.)	13 periods th ds (periods t	yes 14 a lot ver hat last more hat do not occ yes yes	no 15 16+ t of cramping ry heavy flow e than 5 days ur every month) other no no
How many brothers and sisters FEMALES ONLY Has the patient started having If yes, how old was the pa Date of last period: Mark all problems that th Does the patient use any birth Has the patient ever been preg	0 periods? titient when she 8 9 e patient has re control method nant? OF AGE ONL ow many mont	1 e had her first p ) 10 egarding her pe ds for any reasc	eriod?	2 12 irregular period , patch, shot, etc.)	13 periods th ds (periods t	yes 14 a lot ver nat last more hat do not occ yes	no 15 16+ t of cramping ry heavy flow e than 5 days ur every month) other no

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(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)