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

Using Adobe Acrobat Reader 8.0 or later

## **Pediatric History**

Please answer every question.



CAFFEINE  On a typical day, how many cups of caffeinated coffee, tea and cola / soda does the patient drink?  O 1-2 3-4 5 or more  TOBACCO  Please describe the patient's cigarette smoking. (If the patient does not smoke now, but has smoked more than 5 packs in a lifetime, mark "previous".)  current (every day)  current (some days)  previous  never  Is the patient exposed to passive (secondhand) smoke?  PATIENT HAS HAD NO SURGERIES  Adenoidectomy (Adenoids)  What year:  What year:  Other Surgeries (please specify type and approximate date):  WEDICAL HISTORY  Please mark all symptoms and conditions the patient has ever experienced:  ADHD  Acid Reflux / Heartburn  Headaches  Obesity  Other (please specify):  Asthma  Diabetes  High Blood Pressure  Seizures / Epilepsy  Diabetes  High Cholesterol  Sickle Cell / Anemia Trait  NONE OF THE ABOVE  Father  Mother  Brother  Sister Grandparent  Other with this  Narcolepsy  Restless Leg Syndrome  Heavy Snoring  Sleepwalking		PLEASE	PRINT PATIENT'S LAST NAME	_	_
PLEASE PRINT PATIENT'S PRIST NAME PATIENT'S DATE OF BIRTH  PLEASE PRINT PATIENT'S PRIST NAME PATIENT'S DATE OF BIRTH  PATIENT'S DATE OF BIRTH  Matth Day Val  Val  CAFFEINE On a typical day, how many cups of caffeinated coffee, tea and cola / soda does the patient drink?  O 1-2 3-4 5 or more  TOBACCO Please describe the patient's cigarette smoking. (If the patient does not smoke now, but has smoked more than 5 packs in a lifetime, mark "previous".)  Current (every day) Current (some days) Is the patient exposed to passive (secondhand) smoke?  PATIENT HAS HAD NO SURGERIES  Adenoidectomy (Adenoids) Sinus Surgery What year: What year: What year: Other Surgeries (please specify type and approximate date):  WEDICAL HISTORY Please mark all symptoms and conditions the patient has ever experienced: WHEDICAL HISTORY AGAINA OTHER SURGERIES  Adenoidectomy (Adenoids) What year: Wh	Marking Instr	uctions			
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CAFFEINE  On a typical day, how many cups of caffeinated coffee, tea and cola / soda does the patient drink?  O	Please use a #2 pencil.	PLEASE	PRINT PATIENT'S FIRST NAME	PATIENT'S DATE OF BI	RTH
CAFFEINE On a typical day, how many cups of caffeinated coffee, tea and cola / soda does the patient drink?  O 1-2 3-4 5 or more  TOBACCO Please describe the patient's cigarette smoking. (If the patient does not smoke now, but has smoked more than 5 packs in a lifetime, mark "previous".)  Current (every day) Is the patient exposed to passive (secondhand) smoke? yes, outdoors only yes never Is the patient exposed to passive (secondhand) smoke? yes, outdoors only yes not  SURGICAL HISTORY Please mark all surgeries the patient has had:  PATIENT HAS HAD NO SURGERIES Adenoidectomy (indenoids) What year:  Other Surgeries (please specify type and approximate date):  WEDICAL HISTORY Please mark all symptoms and conditions the patient has ever experienced:  ADHD ACID Responsible to the patient has ever experienced:  ABHD ACID Responsible to the patient has ever experienced:  High Blood Pressure Selzures / Epilepsy Diabetes  High Cholesterol Sickle Cell / Anemia Trait NONE OF THE ABOVE  **AMILY HISTORY Please choose all symptoms / conditions the patient's family members have experienced:  Vanaware of any family members  Ware faiting with this Narcolepsy Restitess Leg Syndrome Heavy Snorting Sleepwalking  **CURRENT SYMPTOMS**  Please mark only the symptoms in a category, please mark 'NONE''.  General fatigue weight gain Other Respiratory Arrival allergies nasal congestion NONE Are spiratory Arrival allergies nasal congestion NONE Are spiratory Arrival allergies nasal congestion NONE Respiratory Current Cough shortness of breath NONE Respiratory Arrival allergies nasal congestion NONE Respiratory chronic cough shortness of breath NONE Respiratory bedwetting frequent urination during the day NONE Respiratory depression in amixety NONE Respiratory depression amixety NONE Respiratory chronic cough and point pain in NONE Respiratory depression amixety NONE Respiratory NONE Respiratory chronic cough and point pain in NONE Respiratory depression amixety NONE	Fill in the complete oval as show	/n			
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PATIENT HAS HAD NO SURGERIES Adenoidectomy (Adenoids) What year: What year: Other Surgeries (please specify type and approximate date):  WEDICAL HISTORY Please mark all symptoms and conditions the patient has ever experienced: ADHD Acid Reflux / Heartburn Asthma High Blood Pressure Diabetes High Cholesterol  Sickle Cell / Anemia Trait NONE OF THE ABOVE  Father Mother Brother Sister Grandparent Other With this  Narcolepsy Restless Leg Syndrome Heavy Snoring Sleepwalking  Please mark only the symptoms the patient is CURRENTLY experiencing. Mark all that apply. If no symptoms in a category, please mark 'NONE'.  General Fatigue Weight gain NONE Cardiovascular edema palpitations / fast heartbeat NONE Respiratory Cardiovascular edema palpitations / fast heartbeat NONE Musculoskeletal muscle pain Joint pain NONE NONE NONE NONE NONE NONE NONE NON	Is the patient exposed	to passive (secondhand) sm	oke? yes, outdo	oors only yes	o no
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