

**PEDIATRIC MEDICAL HISTORY**

Date \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ HOME TOWN \_\_\_\_\_

SEX \_\_\_\_\_ REFERRING DOCTOR \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

SIBLINGS: (list sex and age) \_\_\_\_\_

IMMUNIZATIONS UP TO DATE? (circle) Yes No

DRUGS OR FOOD ALLERGIES: PENICILLIN Yes No  
 SULFA Yes No  
 OTHER (List) \_\_\_\_\_

GROWTH & DEVELOPMENT (check)  Normal  Abnormal  
 IF ABNORMAL, EXPLAIN \_\_\_\_\_

MAJOR ILLNESSES (List) \_\_\_\_\_

SURGERY (List operations & date) \_\_\_\_\_  
 Complications (circle) Yes No  
 If yes, describe \_\_\_\_\_

FAMILY HISTORY (TB, Cancer, Heart Disease including High Blood Pressure, Renal Disease, Diabetes):

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

PATERNAL GRANDMOTHER: \_\_\_\_\_

PATERNAL GRANDFATHER: \_\_\_\_\_

MATERNAL GRANDMOTHER: \_\_\_\_\_

MATERNAL GRANDFATHER: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

OTHER RELATIVES: \_\_\_\_\_

PREGNANCY (check)  Normal  Abnormal  
 If abnormal explain: \_\_\_\_\_

DELIVERY (check)  Vaginal  C-Section

PLEASE ANSWER/CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

DO YOU HAVE OR HAVE YOU EVER HAD:

Speech Problem? .....	Yes	No	Diarrhea? .....	Yes	No
Vision Problem? .....	Yes	No	Stool leakage, poor control? .....	Yes	No
Eye Glasses? .....	Yes	No	Jaundice? .....	Yes	No
Hearing Problem? .....	Yes	No	Fevers of unknown cause? .....	Yes	No
Smelling Problem? .....	Yes	No	Poor weight gain/ failure to thrive .....	Yes	No
Earaches/Ear Infections? .....	Yes	No	Recent weight gain? .....	Yes	No
Nosebleeds? .....	Yes	No	Bleeding problems? .....	Yes	No
Headaches? .....	Yes	No	Bedwetting at night? .....	Yes	No
Frequent colds, sore throats, coughs or flu? .....	Yes	No	Daytime wetting? .....	Yes	No
Breathing difficulty? .....	Yes	No	Back or side pain? .....	Yes	No
Sinus Trouble? .....	Yes	No	Nephritis/Kidney trouble? .....	Yes	No
Cyanosis (Dusky blue/purple skin color)? .....	Yes	No	Frequent Infections, any type? .....	Yes	No
High Blood Pressure? .....	Yes	No	Hyperactivity? .....	Yes	No
Heart Murmur? .....	Yes	No	Emotional problems? .....	Yes	No
Stomach Pains? .....	Yes	No	Diabetes? .....	Yes	No
Constipation .....	Yes	No	Birth Defects? .....	Yes	No