PEDIATRIC MEDICAL HISTORY

PATIENT NAME:_____ **DOB:**_____ **TODAY'S DATE:**_____

REASON FOR TODAY'S VISIT:_____

PREVIOUS TREATMENT FOR THIS PROBLEM:_____

HAVE YOU EVER HAD THE FOLLOWING? (check all that apply)

- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Heart attack / arterial disease
- ☐ Other heart issue: _____
- ☐ Problems with anesthesia
- ☐ Bleeding problems
- ☐ Asthma
- ☐ Stroke
- ☐ Heartburn/reflux/hiatal hernia
- ☐ Anemia
- ☐ Thyroid problems
- ☐ Sleep apnea
- ☐ Kidney disease
- ☐ Hepatitis
- ☐ HIV
- ☐ Tuberculosis
- ☐ Cholesterol issues
- ☐ Lung problems/COPD
- ☐ Cancer(s), type(s) and date of diagnosis:_____
- ☐ **NONE OF THE ABOVE**

LIST ALL OTHER PAST & CURRENT MEDICAL ISSUES

_____ _____ _____

_____ _____ _____

_____ _____ _____

LIST ALL SURGERIES AND DATES

_____ _____ _____

_____ _____ _____

_____ _____ _____

LIST ALL CURRENT MEDICATIONS AND DOSES (include supplements and any over-the-counter medications)

_____ _____ _____

_____ _____ _____

_____ _____ _____

LIST ALL DRUG ALLERGIES AND REACTIONS ☐ **NO KNOWN DRUG ALLERGIES**

_____ _____ _____

_____ _____ _____

SOCIAL HISTORY

Born full term ☐ Yes ☐ No | Premature # weeks _____ | Pregnancy Complications:_____ | Birth Complications:_____

Newborn hearing screen: ☐ Passed ☐ Failed | Vaccinations up to date? ☐ Yes ☐ No

Lives with parents? ☐ Yes ☐ No | ☐ Daycare ☐ School ☐ Home Schooled ☐ Foster Care

Exposure to Second Hand Smoke? ☐ Yes ☐ No

FAMILY MEDICAL HISTORY

Any family history with life-threatening reaction to anesthesia? _____

MOTHER: ☐ Alive | Died age:_____ Significant Medical Problems:_____

FATHER: ☐ Alive | Died age:_____ Significant Medical Problems:_____

SIBLINGS: _____#sisters / _____#brothers Significant Medical Problems:_____

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING? (check all that apply)

- ☐ Fever
- ☐ Shortness of breath
- ☐ Wheezing
- ☐ Vomiting
- ☐ Blood in urine
- ☐ Limb weakness
- ☐ Rash
- ☐ Seizures
- ☐ Decreased energy level
- ☐ Excessive urination
- ☐ Abnormal bleeding
- ☐ **NONE OF THE ABOVE**