

**Initial History**

Name of Patient: \_\_\_\_\_  
 Sex: \_\_\_ Male \_\_\_ Female    DOB \_\_\_/\_\_\_/\_\_\_

Form Completed by: \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_



**Current Medical History**

Are your child's immunizations up to date: \_\_\_yes \_\_\_no  
 Is your child having any ongoing medical problems: \_\_\_yes\_\_\_no  
 Is your child being followed by any other physicians/ specialists?  
 \_\_\_\_\_

**Current Medications:**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Any drug allergies? \_\_\_\_\_

List family members living in the home:			
Name	Relation	Age	Health Problems

**Development**

<b>Has your child had a history of.....</b>	yes	no	<b>Reason</b>
Delayed physical development?			
Mental or emotional problems?			
Learning disability?			
Prob. with attention span or activity level?			

<b>If in school, has the patient had.....</b>	yes	no	<b>Reason</b>
Tutoring outside of the classroom?			
To repeat a grade?			
Educational or psychological testing?			
Behavioral problems?			

**Review of Systems and Past Medical History**

<b>Does the patient have or has ever had any of the following:</b>	Yes	No	Explain
A serious medical problem?			
Been hospitalized or had surgery?			
Had a serious injury or accident?			
Chickenpox? When? _____			
Allergies, asthma, bronchitis, respiratory infections?			
Repeated ear infections, tubes, difficulty with			

hearing?			
Problems with eyes or vision?			
Heart problems or heart murmur?			
Anemia, bleeding problems or blood transfusion?			
Abdominal pain, constipation requiring doctor visits?			
Recurrent vomiting, recurrent diarrhea, blood in stools?			
Bladder or kidney infections, bed-wetting after 5 years?			
Recurrent skin problems (acne, eczema, etc)?			
Headaches, convulsions, other endocrine problems?			
Diabetes, thyroid or other endocrine problems?			
If female, has she started her menstrual periods?			LMP ___/___/___ Any problems?

**Family History** *If a family member has or has had any of the following problems, check the appropriate box and list the family member:*

**M**-mother      **F**-father      **B**-brother      **S**-sister  
**MGM** - maternal g-mother      **MGF**- maternal g-father      **PGM**- paternal g-mother      **PGF**- paternal g-father  
**MA** – maternal aunt      **MU** – maternal uncle      **PA** – paternal aunt      **PU** – paternal uncle

Allergies		Ear infection/ tubes		Learning prob./ attent. Span	
Anemia/Blood disorders		Eczema		Liver disease	
Arthritis		Emotional / behavioral		Mental illness	
Asthma		Epilepsy or convulsions		Mental retardation	
Birth Defects		Eye or visual problems		Migraine Headaches	
Bladder/Kidney		Heart attack/ stroke before 50yrs		Obesity	
Cancer		Heart problems, other		Respiratory infections	
Deafness		Hereditary problems		Stomach/ GI	
Diabetes before 50yrs		High blood pressure before 50yrs		Thyroid or other endocrine problems	
Drug / Alcohol abuse		High cholesterol		Tuberculosis	
Drug Allergies		Immunity problems /HIV		Other	

### **Maternal and Newborn History**

**Pregnancy** *Check if mom had any of the following:*

\_\_\_excessive wt. gain      \_\_\_urinary infections      \_\_\_excessive swelling      \_\_\_toxemia      \_\_\_venereal disease  
Did mother smoke , use drugs or alcohol during pregnancy?      \_\_\_ yes \_\_\_no

**Birth**

Birth Weight \_\_\_\_\_ Length \_\_\_\_\_ Apgar \_\_\_\_\_      Was baby born at: \_\_\_ Term \_\_\_ Early \_\_\_ Late  
If early, how many weeks gestation? \_\_\_\_\_      \_\_\_C-section delivery      \_\_\_Vaginal delivery  
Wad labor difficult or prolonged? \_\_\_yes \_\_\_no

**Newborn** *Check if the pt had any of the following problems:*

\_\_\_feeding problems      \_\_\_Breast feeding      \_\_\_Formula      \_\_\_slow weight gain      \_\_\_multiple formula changes  
\_\_\_colic      \_\_\_jaundice      \_\_\_recurring vomiting      \_\_\_ recurring diarrhea  
\_\_\_ blood in stool      \_\_\_other \_\_\_\_\_