

Pediatric History

Date _____ Child's Last Name _____ First _____

Sex: M F Date of Birth _____ Age _____ Pharmacy _____

***Medication Allergies:** Please list the substances and the reaction. If no known allergies, please write "no known allergies"

***Immunizations:** Is your child up to date? Y / N Has your child ever had any reaction to any immunization? If so, which vaccine and what was the reaction? If none, please write "none".

***Delivery and Birth History**

Delivery was : ___ On time ___ Premature ___ Late ___ Normal Complications _____

Did your newborn have: ___ Birth Defects ___ Infection ___ Breathing Problems ___ Jaundice

***Current and Past Medical History**

Please describe if your child has any of the following (write N/A if there is nothing to report)

Chronic (long-term) diseases/illnesses? _____

1. Developmental Delays? If so, what kind of delay(s) and how is it being treated (by which therapist or dr)

2. Previous hospitalizations? If so, please describe for what reason, when and for how long

3. Previous fractures (broken bones)? If so, describe which bone, how it happened and when

4. Does your child see any specialists? If so, please give the name, specialty and the reason

5. Previous Surgeries?

6. List all prescriptions, over the counter, vitamins or herbal medications your child takes. Please include the dosage and how/when it is taken

Does your child smoke? ___ Yes since the age of ___ ___ No ___ Unknown

Family History

Please give the following information about your child's blood relatives

Biological father's name _____ Age _____ If deceased what age & how _____

Biological mother's name _____ Age _____ If deceased what age & how _____

Biological brothers/sisters

Names _____ Age _____ Medical problems _____

_____ Age _____ Medical problems _____

_____ Age _____ Medical problems _____

Have any children in your family died? If yes, please explain how _____

Are there any smokers in your home? ___ Yes How many people? ___ / ___ No / ___ Unknown

Please check the conditions that any of the child's blood relatives have, and state their relationship to the child as well as whose side they come from.

Condition	Relationship to child	N/A	Condition	Relationship to child	N/A
Allergies	_____	___	Eczema	_____	___
Arthritis	_____	___	Epilepsy/Seizures	_____	___
Asthma	_____	___	Eye or ear disorders	_____	___
Blood Disorders	_____	___	Genetic Defects	_____	___
Birth Defects	_____	___	HIV/AIDS	_____	___
Bone/joint disorders	_____	___	Mental disease	_____	___
Cancer	_____	___	Muscle disorder	_____	___
Diabetes	_____	___	Sickle cell anemia	_____	___