

Child History

Please help us update our new computer system by answering some questions. If you don't know the answer (or if the question is not applicable), just leave it blank. Thank you for your help.

Patient's Name _____ Birthdate _____

BIRTH HISTORY

Where was the child born? _____

Vaginal Delivery- YES NO Cesarean Section YES NO

Any problems with the delivery? _____

Birth Weight? _____ Full Term (37-40 weeks)? YES NO Preterm? _____ Weeks _____

Any complications during the pregnancy? _____

Medications used during the pregnancy? _____

Breastfed? YES NO Bottle fed? YES NO Both breast and bottle? YES NO

Newborn screen ("PKU test")-before 48 hrs. YES NO After 48 hrs. YES NO

Do not know YES NO

HEALTH HISTORY

Has the child ever been hospitalized? _____

Has the child ever had surgery (including ear tubes)? _____

Has the child had multiple wheezing episodes? _____ Does the child have allergies? _____

Has the child had many ear infections? _____

Has the child been diagnosed with ADHD? _____

Does the child have any chronic medical conditions? _____

Has the child had any serious injuries (ex.: broken bones, head injury?) _____

FAMILY HEALTH HISTORY-including parents, brothers, sisters

Heart disease before age 55? _____

Epilepsy or convulsions? _____ Diabetes? _____

High blood pressure? _____ High Cholesterol? _____

Mental illness (including depression)? _____

Any other serious diseases? _____

Are any of the child's parents, brothers or sisters deceased? If so, what was the cause of their death, and how old were they when they died? _____

SOCIAL HISTORY

Who lives in the house with the child? _____

Please list the names and ages of the child's brothers and sisters:

Name	Relationship	Age	Daycare/Preschool	Grade	Other
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Are the child's parents married? _____ Divorced? _____ Single? Who is (are) the primary caretaker (s)? _____

Revised 7/04