PEDIATRIC HEALTH HISTORY

Child's Name: _________________________________ Date of Birth: __/__/_____ Nickname: ______________
Mother's Name: _______________________________ Date of Birth: __/__/_____ Occupation: _____________
Father's Name: _______________________________ Date of Birth: __/__/_____ Occupation: _____________
Siblings' Names and Birthdates: ____
____
Referred by: ____
IS YOUR CHILD ON ANY MEDICINES? ____
ALLERGIES TO MEDICINES: ____
SMOKERS AT HOME? ____
IMMUNIZATIONS: □ up to date □ not up to date Received at: ____________________________________
BIRTH HISTORY Birthplace: ___________________________________ OB :_____________________________
Due Date: _______________________ Birth Weight: ____________ Vaginal or C-Section? _____________
Any problems with pregnancy, delivery, or nursery stay? ____
Feeding: □ Breast _____months Any problems? ____
□ Formula ___months Brand: _______________ Any problems? _________________________

PAST MEDICAL HISTORY: (please check if the child has a history of)

□ Allergies	□ Chickenpox	□ Lazy Eye	□ Injuries
□ Asthma	□ Constipation	□ Pneumonia	□ Hospitalizations
□ Bladder Infections	□ Chronic Cough	□ Snoring	
□ Cavities	□ Eczema/skin problems	□ Seizures	□ Surgeries
□ Headaches	□ Ear infections	□ Vision/Hearing Problems	
□ Speech Problems	□ Other		

FAMILY HISTORY: (check if in family)

	Relative		**Relative**
□ Allergies		□ High Blood Pressure	
□ Asthma		□ High Cholesterol	
□ Diabetes		□ Early/Sudden Death	
□ Heart Attack/Stroke		□ Cancer	
□ Kidney Disease		□ Other	

SOCIAL HISTORY:
Who does the child live with? ____
If the parents are divorced, what is the custody arrangement? ______________________________________
Does anyone besides the parents and siblings live in the house? If so, whom? _________________________
Who cares for the child while the parents are working? ____
Child's School? ___________________________________ Grade: ________ Days missed last year: ________
Any problems at school? ____
Primary source of water at home: □ City □ Well Pets: _____________________________________
PARENT SIGNATURE ____ Date: ________________