

Hometown Pediatrics

PEDIATRIC HISTORY

Patient's Name _____

Date of Birth _____

Pregnancy Complications: Yes No

Pregnancy less than 9 months ___ ___
 High blood pressure ___ ___
 Gestational diabetes ___ ___
 Medications (if yes, list) ___ ___

Bleeding (if yes, which month) ___ ___
 Serious illnesses ___ ___
 Serious infections ___ ___
 Previous miscarriages ___ ___
 C-section (if yes, why?) ___ ___

Birth History:

Place of birth: _____
 Birth weight: _____ Length: _____
 Length of labor: _____
 Adopted: No ___ Yes ___

Problems: Yes No

Jaundice ___ ___
 Breathing problems ___ ___
 Antibiotics ___ ___
 Other problems (explain): _____

Breast: _____ Formula: _____

DEVELOPMENT: AT WHAT AGE DID YOUR CHILD

Smile: _____ Roll over: _____ Sit alone: _____
 Walk alone: _____ 1st word with meaning: _____ Use 3 word sentence: _____
 Bladder trained: _____ Bowel trained: _____ Ride tricycle: _____ Tie shoes: _____

LIST MEDICATIONS CHILD TAKES ROUTINELY:

HOSPITALIZATIONS & OPERATIONS:

1. _____ Date _____
 2. _____ Date _____
 3. _____ Date _____

CHILD'S ILLNESSES: Yes No Date

Whooping cough ___ ___ ___
 Measles ___ ___ ___
 Mumps ___ ___ ___
 Chickenpox ___ ___ ___
 Scarlet fever ___ ___ ___
 Meningitis ___ ___ ___
 Pneumonia ___ ___ ___
 Diabetes ___ ___ ___
 Rheumatic fever ___ ___ ___
 Convulsions ___ ___ ___
 Bed wetting ___ ___ ___
 Kidney disease ___ ___ ___
 Sickle cell ___ ___ ___
 Allergies ___ ___ ___
 Asthma ___ ___ ___

SERIOUS ILLNESSES? Date

SCHOOL PROBLEMS? Yes ___ No ___

ALLERGIES TO MEDICATIONS:

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PEDIATRIC HISTORY (CONTINUED)

Patient's Name _____

Date of Birth _____

CHILD'S FAMILY: Age Present health/cause of death

Mother _____
 Father _____

Brothers 1) _____
 2) _____
 3) _____
 4) _____

Sisters 1) _____
 2) _____
 3) _____
 4) _____

SOCIAL:

	Yes	No
Smokers in household:	_____	_____
Pets (list):	_____	_____

FAMILY HISTORY:

	Mother's side	Father's side
Diabetes	_____	_____
Heart trouble	_____	_____
Heart attack	_____	_____
High blood pressure	_____	_____
Stroke	_____	_____
Cancer	_____	_____
Tuberculosis	_____	_____
Ulcer	_____	_____
Arthritis	_____	_____
Obesity	_____	_____
Suicide	_____	_____
Mental illness	_____	_____
Thyroid problems	_____	_____
Sickle cell	_____	_____
Seizures	_____	_____
Bedwetting	_____	_____
Allergies	_____	_____
Hay fever	_____	_____
Asthma	_____	_____

