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Pediatric Health History Form

Child's Name: | **Child's Birthdate:** | **Child's Previous Doctor:**

Current Problems/Concerns:

Allergies/Reactions to Medicines or Vaccines:

Current Medicines:

Pregnancy & Birth:

Any problems with the pregnancy? ❑ No. ❑ Yes (please specify:)

Delivered by: ❑ vaginal birth ❑ caesarian (please explain why:)

Birth weight: | Birth length:

Immunizations/exposures:

Are your child's immunizations up to date? ❑ No ❑ Yes ***Please bring your child's shot record.***

Does your insurance cover immunizations? ❑ No ❑ Yes ***(If "no," your child may be eligible for free immunizations.)***

Do any household members smoke? ❑ No ❑ Y es Any concerns about lead exposure? (old home/plumbing/peeling paint) ❑ No ❑ Yes

Past Medical History: Does your child have any of the following conditions? Please check all that apply:

❑ Asthma / hay fever / eczema	❑ Broken bones	❑ Frequent ear infections	❑ Chicken pox
❑ Attention problems	❑ Problems going potty	❑ Pneumonia	❑ Obesity
❑ Croup	❑ Anemia	❑ RSV	❑ Urinary tract infections

Past Surgical History: Has your child had any operations such as circumcision, hernia repair, or tonsillectomy? ❑ No ❑ Yes (please explain):

Family History: Please check any family history of the following and indicate who has/had the condition
(M = mother, F = father, B = brother, S = sister, G = grandparent, E = extended family):

	M	F	B	S	G	E		M	F	B	S	G	E
❍ Alcoholism/drug abuse	❑	❑	❑	❑	❑	❑	❍ Bleeding / clotting problems	❑	❑	❑	❑	❑	❑
❍ Heart disease or stroke	❑	❑	❑	❑	❑	❑	❍ Kidney disease	❑	❑	❑	❑	❑	❑
❍ Cancer	❑	❑	❑	❑	❑	❑	❍ Asthma / hay fever / eczema	❑	❑	❑	❑	❑	❑
❍ Seizures	❑	❑	❑	❑	❑	❑	❍ High blood pressure	❑	❑	❑	❑	❑	❑
❍ Inherited/genetic diseases	❑	❑	❑	❑	❑	❑	❍ Birth defects	❑	❑	❑	❑	❑	❑
❍ Thyroid disease	❑	❑	❑	❑	❑	❑	❍ Diabetes	❑	❑	❑	❑	❑	❑
❍ Psychiatric disorders	❑	❑	❑	❑	❑	❑							

Social History: Please list the names of all people who live with the child

Name	Age	Relationship	Name	Age	Relationship

The child's parents are: ❑ married. ❑ unmarried but living together. ❑ separated. ❑ divorced.

Mother's occupation: | Father's occupation:

Child care situation: ❑ lives with parents ❑ lives with others (please explain):

Is violence at home a concern? ❑ No ❑ Yes Are there guns at home? ❑ No ❑ Yes

School History:

Does your child attend preschool/school? ❑ No ❑ Yes Grade: _____ School: _____

Any concerns about school performance? ❑ No ❑ Yes (if yes, please explain:)