



Medical History Form

Date: _____

Welcome to our pediatric practice! We look forward to providing the best care for your child from birth through college. Please complete this information for our records. Thank you.

Child's Name: _____ Date of Birth: _____

Birth History:

Boy

Girl

Adopted

Birth Weight: _____

Birth Hospital/State: _____

† Full-Term (≥ 37 wks)

Vaginal

† C/Section due to

† Premature (< 37 wks) # weeks _____ †

Forceps

Vacuum

Pregnancy concerns: † _____

Newborn concerns: † jaundice † other _____

Specialty Care:

Has your child ever seen a medical specialist

No

Yes

Please describe: _____

Special Interests/Hobbies/Activities:

† sports _____

† music _____

† dance _____ † art _____ † other _____

Past Medical History:

Does your child have a history of any medical conditions listed below? † none

Genetic:

chromosome abnormality

Growth:

short stature overweight obesity

Development:

delay-speech/language delay-motor skills autism

Learning:

special education dyslexia

Behavior/Mood:

ADHD anxiety obsessive-compulsive depression

Hearing:

multiple ear infections ear tubes hearing loss

Vision:

strabismus amblyopia myopia astigmatism cataract

Speech:

delay-speech articulation stuttering speech therapy

Sleep:

snoring sleep apnea sleepwalking recurrent nightmares

Neurologic:

seizures migraines head trauma concussion

Respiratory:

seasonal allergies asthma croup RSV pneumonia

Cardiac:

heart murmur VSD ASD

Gastrointestinal:

constipation acid reflux liver disease pyloric stenosis

Urology:

bladder infections urinary reflux kidney disease enuresis

Care/Education:

athome day care †pre-school †school home school †college

Home Environment:

Parents: †married †live together †single-parent †divorced †remarried

Occupation: mom _____ dad _____

Guns: †no †yes -- locked away? _____

Smokers: no †yes -- † inside †outside

Home: †house †apartment †condominium

Pets: †no †yes -- type? _____

Please describe any specific concerns you would like to discuss regarding your child:

How did you find out about our pediatric practice?
