PEDIATRICS

PATIENT HISTORY

Name _____ Date of birth _____ SS# _____

Parent's name _____ ID# _____ Sex _____

Address _____ Phone _____

Mother's business address _____ Phone _____

Father's business address _____ Phone _____

Emergency contact _____ Phone _____

BIRTH HISTORY

Type of delivery _____ Term _____

Premature at _____ Months _____

Pregnancy number _____ Other _____

Birth wt. _____ Length _____ Discharge wt. _____

Apgar score _____ Circumcision _____

Blood type _____ Other _____

DEVELOPMENT HISTORY (AGE)

Held up head _____

Smiled _____

Sat aided _____

Stood aided _____

Sat alone _____

Reached for objects _____

First teeth _____

Crept _____

Stood alone _____

Walked _____

Said words _____

Sentences _____

HABITS

Sleep _____ Bedwetting _____

Naps _____ Play _____

School _____ Other _____

FAMILY HISTORY

Mother _____ Age _____ Occupation _____

Father _____ Age _____ Occupation _____

Siblings _____ Age _____ Sex _____ Health _____

1 _____

2 _____

3 _____

4 _____

Other _____

High blood pressure _____ Cancer _____

High cholesterol _____ Allergies _____

High triglyceride _____

NUTRITION HISTORY

Breast fed _____ Formula _____

Vitamin supplement _____ Type _____

Soft foods added _____

Appetite _____

Stools _____

Allergies _____

Other _____

ILLNESS HISTORY

General _____

Allergies _____

Chicken pox _____

Tonsillitis / Pharyngitis _____

Ear infections _____

Asthma / Bronchitis _____

Bronchiolitis / Pneumonia (RSV +/-) _____

Hospitalized _____

Serious injuries _____

Operations _____

Other _____

Name _____

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