CHILD HISTORY: Patient Name: ______________________________

Prenatal History (IF ABNORMAL):____

____

____

Full Term? ☐ Yes ☐ No How many weeks?______ Place of Delivery _____________

Neonatal Intensive Care Unit (NICU) ☐ Yes ☐ No If Yes, How Long? ______________

Type of Delivery: ☐ Vaginal ☐ C-Section Birth Weight: __________________

Blood Type: Mom_____ Baby_____ Coombs_____ APGAR Score ______ Bili Level______

Pass Hearing Test? ☐ Yes ☐ No Circumcision? ☐ Yes ☐ No

Was first Hep B shot given at Hospital? ☐ Yes ☐ No

Breastfed ☐ Bottle Fed ☐ Formula__________ Second-hand Smoke? ☐ Yes ☐ No

Any known allergies? _________________ Current Medication_____________________

Child's Past Medical/Hospitalization/Surgical History: ______________________________

____

____

LIVING AT HOME:

☐ Both Parents ☐ Single Parent ☐ Other

ATTENDS:

☐ School ☐ Day Care ☐ Home-School

Language Spoken at Home? ____

FAMILY HISTORY:

AGES: Father _____ Mother ________ Brother(s)________ Sister(s)________

Patients Name: ________________________Please identify any significant Medical Illnesses in Immediate Family

Disease	Mom	Dad	Sister	Brother	Mom's mother	Mom's father	Dad's mother	Dad's father
DERMATOLOGY:								
Eczema	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psoriasis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ALLERGIES	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RESPIRATORY:								
Asthma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emphysema	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cystic Fibrosis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CARDIOVASCULAR:								
Hypertension	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
High Cholesterol	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Heart Disease	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stroke	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Congenital Heart	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
GASTRINTESTINAL:								
Irritable Bowel	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ulcerative Colitis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crohns Disease	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pyloric Stenosis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
GERD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UROLOGY:								
Kidney Disease	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
VU Reflux	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
GYNECOLOGY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RHEUMATOLOGY:								
Rheumatoid Arthritis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lupus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ENDOCRINOLOGY:								
Diabetes Juvenile	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes Type II	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thyroid Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HEMATOLOGY:								
Anemia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bleeding Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HIV Infection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CANCER	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NEUROLOGY:								
Headaches	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Epilepsy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Development Delay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ADD/ADHD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes