

Pediatrics History & Physical

I FAMILY HISTORY: Illnesses of relatives (including parents, siblings, grandparents, aunts, uncles, 1st cousins). Indicate relationships.

- | | |
|--|--|
| <input type="checkbox"/> Heart disease (younger than 45 years of age).
_____ | <input type="checkbox"/> Blood Disease, bleeding disorders _____ |
| <input type="checkbox"/> High blood pressure (younger than 45 years of age).
_____ | <input type="checkbox"/> Mental Retardation _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Mental Problems _____ |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Tuberculosis in people in contact with child
_____ |
| <input type="checkbox"/> Childhood diabetes _____ | <input type="checkbox"/> Bed wetting _____ |
| <input type="checkbox"/> Have any children died in your family? _____
Give age and cause. _____ | <input type="checkbox"/> Other _____
Please list the members and ages of people in
your immediate family.

_____ |
| <input type="checkbox"/> Epilepsy, convulsions _____ | _____ |

II. PAST MEDICAL HISTORY OF CHILD:

Health History of this Child Good Fair Poor

Previous hospitalizations or serious illnesses:

Is your child still wetting the bed at night? _____ If yes, how many nights per week? _____

Current Medications: _____

Any Drug Allergies: _____

III. BIRTH HISTORY: COMPLETE IF CHILD IS LESS THAN 1 YEAR OF AGE

Birth date _____ Place _____ Birth Weight _____

Obstetrician _____

Problems during pregnancy _____

Medications taken during pregnancy _____

Was the child born within 2 weeks of the due date? _____ If not, when _____

Delivery: Vaginal _____ C-Section _____ Days in Hospital _____

Any Newborn Problems? _____