CHILD'S MEDICAL HISTORY

(For patients under 18 years old)

Child's Name: _____ Birth Date _____ Male ____ Female ____

Child's Birth History:

During your pregnancy with this child, did you:

___ Have High Blood Pressure?

___ Have Diabetes or Sugar in your Urine?

___ Have a Urine or Kidney Infection?

___Have a Venereal Disease such as Gonorrhea or Syphilis?

___ Take any Medications, Drugs or Alcohol?

___ Have any problems with Labor or Delivery?

___ How long was the Pregnancy?

___ Allergies?

How much did the Baby Weight? ____ lbs ____ oz.

Did the Child have any problems after Birth? If yes, What? _____

Social History:

Child lives with: Mother ___ Father ___ Both Parents ___ Other Relative ___ Foster Parents __

How many times per week is your Child with a babysitter? ____ Is it always the same sitter? Y-N

Is your Child in Day Care: How many days per week? ___ How many hours per day? ___

Family History:

Asthma	Father or Mother	Father or Mother's Family	Brother or Sister
Diabetes	Father or Mother	Father or Mother's Family	Brother or Sister
Heart Attack>age 50	Father or Mother	Father or Mother's Family	Brother or Sister
Seizures (epilepsy)	Father or Mother	Father or Mother's Family	Brother or Sister
Sickle Cell	Father or Mother	Father or Mother's Family	Brother or Sister

CHILD'S MEDICAL HISTORY

(Continued)

Child's Name: _____Birth Date _____

Child's Medical History:

Has your Child ever stayed overnight in a Hospital? If Yes, when _____

What Hospital _____ Reason for Stay _____

Has your Child ever had:

Eczema (allergic skin rash)	Y or N	Rheumatic Fever	Y or N
Asthma	Y or N	Anemia	Y or N
Chicken Pox	Y or N	Seizure, Convulsions	Y or N
Had problems Seeing	Y or N	Had problems Hearing	Y or N
Had Frequent Ear Infections	Y or N	Had Heart Problems	Y or N
Had problems with Stomach	Y or N	Had problems with Bowels	Y or N
Had problems with Urinating	Y or N	Had broken or fractured Bones	Y or N
Ever Eaten paint, clay or paper	Y or N		

My Child uses/takes:

Vitamins: _____

Iron: _____

Fluoride: _____

Medications: _____