PATIENT HISTORY FORM

NAME _____ DATE OF BIRTH _____ MALE/FEMALE

PREGNANCY AND CHILDBIRTH:

WHAT COMPLICATIONS, IF ANY, OCCURED DURING PREGNANCY? _____
DID MOTHER USE ALCOHOL, TOBACCO OR OTHER DRUGS DURING PREGNANCY? _____
HOW CLOSE TO THE EXPECTED DUE DATE WAS YOUR CHILD BORN? _____
WHAT COMPLICATIONS, IF ANY, OCCURED DURING LABOR? _____
WHAT KIND OF DELIVERY DID YOU HAVE? (CIRCLE ONE) VAGINAL C-SECTION
WHAT WAS THE NAME OF THE HOSPITAL AND CITY WHERE YOUR CHILD WAS BORN? _____
WHAT COMPLICATIONS, IF ANY, DID YOUR CHILD HAVE AT THE TIME OF DELIVERY? _____
WHAT WAS YOUR CHILD'S BIRTH WEIGHT AND BIRTH HEIGHD _____
DID YOU INITIALLY BREAST OR BOTTLE FEED? IF BOTTLE, WHICH BRAND OF FORMULA? _____

DEVELOPMENT: ANSWER ONLY IF CHILD IS UNDER THREE YEARS OLD

AT WHAT AGE DID YOUR CHILD DO THE FOLLOWING? ROLL OVER _____ SIT_____ WALK _____
SAY FIRST WORDS _____ ACHIEVE BLADDER CONTROL _____ BOWEL CONTROL _____

ILLNESSES:

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? CHICKENPOX_____ IF YES, WHEN? _____
ASTHMA? _____
HAS YOUR CHILD SUFFERED FROM FREQUENT EAR INFECTIONS? _____
HAS YOUR CHILD SUFFERED FROM ANY OTHER RECURRENT OR SIGNIFICANT ILLNESSES? _____
ANY HOSPITALIZATIONS AND DATES? _____
ANY SURGERIES? IF SO, DATES: _____
ANY ACCIDENTS REQUIRING MEDICAL CARE? _____

ALLERGIES:

DOES YOUR CHILD HAVE ANY DRUG ALLERGIES? _____
LIST DRUG AND TYPE OF REACTION: _____
HAS YOUR CHILD EVER HAD A REACTION TO AN INSECT BITE/STING? _____
DOES YOUR CHILD HAVE A LATEX ALLERGY? _____

FAMILY HISTORY:

MOTHER: DATE OF BIRTH _____ ILLNESSES? _____
FATHER: DATE OF BIRTH _____ ILLNESSES? _____
SIBLINGS: # MALES _____ # FEMALES _____ DECEASED _____
ILLNESSES: _____
IS THERE A HISTORY OF STROKE OR CORONARY ARTERY DISMSE PRIOR TO THE AGE OF 55 IN A PARENT OR GRANDPARENT OF THIS CHILD? _____
IS THERE ANY FAMILY HISTORY OF TUBERCULOBIS? _____
OTHER FAMILY HISTORY OF ILLNESS AMONG ANY CLOSE RELATIVES? _____

MEDICATIONS:

WHAT MEDICATIONS IS YOUR CHILD CURRENTLY USING? _____

SIGNATURE OF PARENT/ GUARDIAN _____

DATE COMPLETED _____PLEASE ADVISE US IF YOU HAVE REQUESTED IN WRITING YOUR CHILDS PREVIOUS MEDICAL RECORDS?