

CHILD'S MEDICAL HISTORY

Name: _____ Date: _____ Birthdate: _____ Age: _____ yr mo Sex: M F

Maternal and Neonatal History

This child was pregnancy number _____
 Length of pregnancy _____
 Prenatal complications: None Toxemia Hemorrhage
 Anemia Diabetes Other
 Drugs taken during pregnancy Vitamin
 Delivery in: Hospital Home
 Other _____
 Name of hospital _____
 Type of delivery: Normal C Section
 Abnormal (explain) _____
 Breech
 Length of labor _____
 Newborn: _____
 Birth weight: _____ lbs. _____ ozs.
 APGAR _____ / _____
 NICU? _____ How long? _____
 Complications: None Difficult resuscitation Meconium
 Convulsions Injury Jaundice
 Other _____

Developmental History

Sat Alone _____
 Stood Alone _____
 Walked Alone _____
 Speech _____
 Toilet Trained _____
Family History
 Brothers and sisters of patient _____
 Name _____ Age _____ Sex _____
 1. _____ M F
 2. _____ M F
 3. _____ M F
 4. _____ M F

Patient Health History

Allergies: None
 Medications: None
 Previous Xrays: _____ Where done _____
 What was Xrayed _____
 When _____
 Braces (legs, arms, back) _____
 Operations: None
 Hospitalizations: None

Family History

In child's parents or siblings:
 Yes No
 Club foot _____
 Hip Defects _____
 Scoliosis _____
 Heart trouble _____
 Frequent fractures _____
 Diabetes _____
 Neurologic disease _____
 Bleeding problems _____
 Other birth defects _____
 Explain all yes answers:

Patient Health History

Nosebleeds _____
 Eyeglasses _____
 Frequent earaches _____
 Hearing problems _____
 Frequent colds _____
 Bronchitis _____
 Pneumonia _____
 Fainting spells _____
 Shortness of breath _____
 Heart problems _____
 Frequent diarrhea _____
 Constipation _____
 Vomiting _____
 Jaundice _____
 Bed wetting _____
 Unexplained fevers _____
 Bladder problems _____
 Kidney problems _____
 Seizures _____
 Behavior problems _____
 Frequent accidents _____
 Anemia _____
 Bleeding tendency _____
 Chicken pox _____
 Frequent fractures _____
 Yes No

Sport Participation

1st Sport _____
 Other sport _____

Social History

School _____
 Grade _____
 Do both parents live at home? Yes No

Physician

Primary _____
 Referring _____
 Why are you here today? _____