PEDIATRIC HEALTH HISTORY FORM

NAME OF	PATIENT		Name of Person Completing Form					
DATE				Relationship to Patient				
SEX RACE []MALE []FEMALE			SOCIAL SE	SOCIAL SECURITY NUMBE		ER DATE OF BIRTH		
Please list		he household:			•			
Father Mother Other	NAME		DATE OF B	DATE OF BIRTH		ΓΙΟΝ	EDUCATION	
Other Other Other								
	been any rec ase explain:	ent major changes c	or stresses in the c	child's life?	[]YES[]N	10		
Dana dha a	hild on to a ba	.l			OIL 100			
Does the c	iniid go to a ba	aby-sitter, pre-school			:5 []NO			
Dieth Weisel	L.4	1		HISTORY	Disease			
Birth Weigl	nt	Length			Place			
During the		the mother: (if YES, nedical problems?	•			E	kplanation	
	Use any me		[]YES[]					
	-	or other drugs?						
		ems with labor/delive						
How long o	-	ay in the hospital aft						
		,						
			PAST MEDIC	CAL HISTO	RY			
Is the child	Does the ch	alth: []Good []Fair alld have any allergie aking any medicatio	[]Poor (check or s? []YES[]N	ne) NO	Explanation			
Please list		ations, operations, s						
						Date:		
						Date:		
Has the ch	nild ever had	any problems with	the following?			Ex	kplanation	
	Eyes/Vision		[]YES[]I	NO				
	Feet		[]YES []I	NO				
	Digestion/N		[]YES []I					
	Ears/Hearin	~	[]YES []I					
	Urine/Kidne	ys	[]YES []I					
	Joints		[]YES []I					
	Skin		[]YES []I					
	Lungs		[]YES []I					
	Teeth		[]YES []I					
	Heart		[]YES[]I					
	Seizures		[]YES[]I					
	Repeated Ir	ntections	[]YES[]I	NO				

Family History

Have any of the child's blood relatives had the following diseases: (If YES, please list family member) Heart Disease		f the child's brothers or sisters died? ase give age and cause)		[]YES[]	NO					
Heart Disease			owina dise	ases: (If YES. ı	please list family member)					
Heart Disease			g							
Tuberoulosis IYES INO High Blood Pressure IYES INO Kidney Disease IYES INO Allergies/Asthma IYES INO Cancer IYES INO Diabetes IYES INO Sickle Cell IYES INO Sickle Cell IYES INO Sickle Cell IYES INO Seizures IYES		Heart Disease	[]YES[INO	•					
High Blood Pressure		Tuberculosis								
Kidney Disease		High Blood Pressure		-						
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