



## Pediatric Patient History

Name \_\_\_\_\_  
 Referred by \_\_\_\_\_  
 Previous doctor \_\_\_\_\_

### Pregnancy and Birth

Birthday \_\_\_\_\_ Hospital \_\_\_\_\_ Full Term \_\_\_\_\_ Birth weight \_\_\_\_\_  
 Gender \_\_\_\_\_ Problems at birth \_\_\_\_\_

### Development

What age did the child: Sit alone \_\_\_\_\_ months Stand alone \_\_\_\_\_ months Walk alone \_\_\_\_\_ months  
 Say first word \_\_\_\_\_ months Use sentences \_\_\_\_\_ months Potty train \_\_\_\_\_ months

### Past History

Hospitalizations \_\_\_\_\_  
 \_\_\_\_\_

Serious Illnesses ( including wheezing, difficulty breathing, any chronic or life threatening disease) \_\_\_\_\_  
 \_\_\_\_\_

Surgery \_\_\_\_\_  
 \_\_\_\_\_

Allergies or reactions to medicine \_\_\_\_\_  
 \_\_\_\_\_

Emotional problems \_\_\_\_\_  
 \_\_\_\_\_

School grade \_\_\_\_\_ School problems \_\_\_\_\_  
 \_\_\_\_\_

Father's name \_\_\_\_\_ Age \_\_\_\_\_ Health problems \_\_\_\_\_  
 Mother's name \_\_\_\_\_ Age \_\_\_\_\_ Health problems \_\_\_\_\_

Patient's brother's and sisters: Name \_\_\_\_\_ Age \_\_\_\_\_ Health problems \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Health problems \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Health problems \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Health problems \_\_\_\_\_

With whom does the child live? \_\_\_\_\_  
 Who has legal custody of the child? \_\_\_\_\_  
 Parents are \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ separated  
 List any others who live in household \_\_\_\_\_

Family history: anyone on either side of family with \_\_\_\_\_ Diabetes \_\_\_\_\_ allergies \_\_\_\_\_ asthma  
 \_\_\_\_\_ kidney disease \_\_\_\_\_ high blood pressure \_\_\_\_\_ heart disease/heart attack before age 50  
 \_\_\_\_\_ other disease \_\_\_\_\_