

PEDIATRIC MEDICAL HISTORY

DOB: ____/____/____

MRN: _____

NAME: _____

PREFERRED PHARMACY _____

MEDICINES CHILD IS ALLERGIC TO:

PAST SURGERIES AND DATES:

	Date		Date
Appendectomy		Adenoid	
Gallbladder		Ear Tubes	
Hernia		Tonsillectomy	
Other		Other	

CURRENT MEDICATIONS:

CHRONIC MEDICAL CONDITIONS:

BIRTH HISTORY: **Delivery:** Vaginal ___ C-section ___ Complications: _____

Birth Weight: _____ Length: _____

Problems with newborn: (Circle) Jaundice Breathing problems Premature Heart Murmur Other

Feeding: Breast _____ Formula _____ How long? _____

SOCIAL HISTORY:

Who does child live with? _____

Parents are (circle): Married Divorced Separated Living together

If parents are separated or divorced, how often does patient see other parent?

Tobacco exposure: No _____ Yes _____, Inside _____ Outside _____ Unknown _____

Pets in the home: No _____ Yes _____, Cat _____ Dog _____ Other _____

School: No _____ Yes _____ Grade: _____ Daycare _____

Family History:

	Living Age:	Deceased Age:	Illnesses:
Mother: _____	_____	_____	_____
Father: _____	_____	_____	_____
Brother(s): _____	_____	_____	_____
Sister (s): _____	_____	_____	_____

Please list any other blood relative with any illnesses:

Date of your Last:

Well child exam _____ Flu Shot _____ Tetanus shot _____ Covid-19 shot _____