



Past Medical History

Patient Name: _____ Dob: _____

Medication History

Medications	Dose	Start Date

Allergies to medications? (Is yes, to what and what reactions.)

Birth Information:

Multiple Birth

Apgars:	
Gestational Age	
Type of Delivery	
Hearing Screen	Pass/ Fail
Newborn Screen	
Birth Weight	
Birth Length	
Head Circumference	
Birthplace (Hospital/City)	

Patient Past Medical History

Serious injuries/accidents	Y/N	Emotional Problems	Y/N
Surgeries	Y/N	Eye Condition/glasses	Y/N
Hospitalizations	Y/N	Problems with ears/hearing	Y/N
Chicken Pox	Y/N	Anemia	Y/N
Frequent ear/sinus infections	Y/N	Blood Transfusion	Y/N
Pharyngitis/tonsillitis	Y/N	Frequent Headaches	Y/N
Other infections/illnesses	Y/N	Seizures/developmental delay	Y/N
Allergic Rhinitis/allergies	Y/N	ADD/ADHD/Neurological Disorder	Y/N
Animal Allergies	Y/N	Mental Health Concerns	Y/N
Outdoor/Indoor Allergies	Y/N	Orthopedic Problems	Y/N
Asthma/Bronchitis	Y/N	Diabetes	Y/N
Heart problems/murmurs	Y/N	Thyroid	Y/N
Abdominal Pain/ GERD	Y/N	Female: Menstrual period	Start Date _____
Constipation	Y/N	Period Problems	Y/N
Bladder/kidney infections	Y/N	Use of drugs/alcohol	Y/N
Bed-wetting (after 5 years of age)	Y/N	Other Significant Problems	Y/N

Perinatal History

Newborn Screen Reviewed	Y/N	Circumcision	Y/N
Resuscitation at delivery	Y/N	Delayed passage of meconium	Y/N
Preterm Infant	Y/N	Murmur	Y/N
Refusal of vitamin K/eye prophylaxis	Y/N	Respiratory problems (TTN/RDS)	Y/N
Feeding:	Breastmilk/Formula	Oxygen	Y/N
Hypoglycemia	Y/N	Assisted Ventilation	Y/N
Hypothermia	Y/N	Antibiotics	Y/N
Sepsis screening labs	Y/N	Apnea	Y/N
Transcutaneous bilirubin (TcB)	Y/N	Head Ultrasound	Y/N
Jaundice	Y/N		

Maternal History

Assisted Conception	Y/N	Maternal health problem	Y/N
High Risk Pregnancy	Y/N	Problem with Fetus	Y/N
Amniocentesis/CVS	Y/N	Prolonged rupture of membrane	Y/N
Absence of Prenatal Care	Y/N	Antibiotics during labor	Y/N
Maternal use of Alcohol	Y/N	Induction of labor	Y/N
Maternal use of Tobacco	Y/N	C-Section	Y/N
Maternal use of Drugs	Y/N	Meconium at delivery	Y/N

Family History

	Paternal/Maternal	Family Member
Cancer	Y/N P/M	
Diabetes	Y/N P/M	
High Cholesterol	Y/N P/M	
High Blood Pressure	Y/N P/M	
Heart Problems/disease	Y/N P/M	
Kidney Disease	Y/N P/M	
Other:	Y/N P/M	

Social History

Family Intact	Y/N	Pets: List Below	Y/N
Non-Intact Custody Status	Y/N		
Siblings: List Below	Y/N		
		Smokers In house	Y/N
		Guns in hone	Y/N
		Guns locked & away from ammo	Y/N