Pediatric Patient History

Last Name_____ _____ First Name _____ Middle _____

Birth date _____

Birth Height _____ Birth Weight _____ Allergies _____ _____

Pregnancy and Delivery

Length of Pregnancy	List any drugs/ medications taken during pregnancy
List illnesses during pregnancy	
How long was labor	Was delivery Normal- if not explain

Check all that apply to the Childs first week of life		Procedures done to childs while in hospital		
__blue spells	__yellow jaundice	__resuscitation	__oxygen therapy	__transfusions
__infection	__birth defect	__respirator	__surgery	__jaundice lights
__feeding problems	__none	__other procedures		

FAMILY HISTORY- Check all that apply to brothers,sisters,parents,grandparents

__sickle cell diseae or trait	__overweight	__mental retardation	__diabetes	__anemia
__deformities	__hypertension	__venereal disease	__allergies	__heart disease
__epilepsy	__mental defects	__asthma	__hearing defects	__kidney disease
__cerebral palsy	__tuberculosis	__cancer	__stroke	__bleeding

Names and ages of brothers	
Names and ages of sisters	
Do childs parents live together? yes/no	Are parents in good health?yes/no

Health Since Birth

List all operations serious injuries, hospitalizations this chills has had.
List present medications
Does your religion prohibit you and your child from receiving immunizations, blood or blood products? Yes/no

Immunization -please list approximate dates or ages given

Vaccine	1	2	3	4	5	BOOSTERS
DTP						
POLIO						
MMR						
TB SKIN TEST						
HIB						
HEPT B VACC						
VARICELLA						
PNEUMONIA						