#4 Patient's Health History

(1 per child)

Your child's health is of utmost importance to your practice. Please fill out this information as completely and accurately as you can.

All information will be treated confidentially.

Name _____ Date of birth _____

Birth History

TERM: □Full-term □Preterm @____weeks □Post-term @ ____weeks

DELIVERY: □Vaginal □C-section

MEASUREMENTS: Birth weight _____ Birth Length _____

COMPLICATIONS: _____

_____

Hospitalizations

DATE	REASON	HOSPITAL, CITY,STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fractures/Sutures/Operations

DATE	INJURY/OPERATION
_____	_____
_____	_____
_____	_____

Allergies

SUBSTANCE	REACTION
_____	_____
_____	_____
_____	_____

Medication(s) Currently Taken

MEDICATION	DOSE	FREQUENCY	START DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Immunization

Are your child's immunizations up to date? □Yes □No

If "No", please explain your child's current immunization schedule.

_____

_____

Specific Medical History

Please check box(s) if your child has <u>ever</u> had any of the following:

□ Anemia	□ Ear infections	□ Sinus problems
□ Asthma	□ Eye problems	□ Sore throats
□ Bronchitis	□ Fainting	□ Speech delay
□ Chest pain	□ Headaches	□ Stomachaches
□ Chicken Pox	□ Gums—> bleed	□ Whooping cough
□ Constipation	□ Mood swings	□ Wheezing
□ Croup	□ Mouth-breathing	□ Other(s):
□ Depression	□ Nervousness	_____
□ Diarrhea	□ Nosebleeds	_____
□ Difficulty hearing	□ Persistent cough	_____

Family History (asthma, allergy, eczema, heart disease, chronic illness)

	AGE	GENERAL HEALTH
Mother	_____	_____
Father	_____	_____
Sibling	_____	_____
Sibling	_____	_____
Sibling	_____	_____
Maternal Grandmother	_____	_____
Maternal Grandfather	_____	_____
Paternal Grandmother	_____	_____
Paternal Grandfather	_____	_____

This is to certify that I have answered the questions on this form to the best of my knowledge. I understand that to provide incorrect information about my child's health and symptoms could place my child's health at risk.

_____ _____

Parent/Guardian Signature Today's Date