

## PEDIATRIC PATIENT HISTORY and FAMILY HISTORY

PATIENT'S NAME – FIRST	MIDDLE	LAST	NICKNAME
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REFERRED BY \_\_\_\_\_

DOES CHILD RECEIVE REGULAR CARE ELSEWHERE? \_\_\_\_\_

### PREGNANCY AND BIRTH

BIRTHDAY	BIRTH PLACE	FULL TERM	BIRTH WEIGHT	SEX
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PROBLEMS AT BIRTH OR IN HOSPITAL \_\_\_\_\_

### DEVELOPMENT

WHAT AGE DID CHILD...	SIT ALONE	CRAWL	STAND ALONE
	MONTH	MONTH	MONTH
WALK ALONE	SAY FIRST WORD	USE SENTENCES	TOILET TRAIN
MONTH	MONTH	MONTH	MONTH

### PAST HISTORY

HOSPITALIZATION \_\_\_\_\_

SERIOUS ILLNESSES \_\_\_\_\_

SURGERY \_\_\_\_\_

ALLERGIES OR REACTIONS TO MEDICINES \_\_\_\_\_

OTHER ALLERGIES \_\_\_\_\_

EMOTIONAL PROBLEMS \_\_\_\_\_

SCHOOL GRADE	SCHOOL PROBLEMS
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IMMUNIZATIONS STATUS: \_\_\_\_\_ UP TO DATE  Y  N AGE OF LAST IMMUNIZATION \_\_\_\_\_

### FAMILY HISTORY

FATHER'S NAME	AGE	HEALTH	MOTHER'S NAME	AGE	HEALTH
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#### PATIENT'S BROTHERS AND SISTERS

NAME	AGE	HEALTH	NAME	AGE	HEALTH
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ON EITHER SIDE OF THE FAMILY IS THERE ANY

- DIABETES   
  ALLERGIES   
  SEIZURES OR CONVULSIONS   
  KIDNEY DISEASE  
 HIGH BLOOD PRESSURE   
  HEART DISEASE / HEART ATTACK BEFORE AGE 50  
 OR OTHER DISEASES IN FAMILY \_\_\_\_\_

### SOCIAL HISTORY

WITH WHOM DOES CHILD LIVE?	IS CHILD IN DAY CARE?	IF SO, WHERE?
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