

Patient Name: _____

Reason for today's visit:

Allergies:

List of Current Medications (include dose and frequency):

Immunization Status:

Is the patient's immunization status up-to-date: (Please circle) yes or no

Patient/Family History

Perinatal History

Delivery - Complications

NICU

If yes, how long? _____

Intracranial Hemorrhage

Ventilator

Seizures

Other: _____

Exposure-Substance

Complication - Diabetes

Complication - Bleeding

Complication - Infection

Complication - Oligohydramnios

Complication - Polyhydramnios

Complication - Other

Birth History

Birth Information			
Birth Length:	_____	Birth Weight:	_____
Discharge Weight:	_____	Gestational Age:	_____
Duration of Labor:	_____	Birth Head Circ.:	_____ - _____
		Delivery Method:	_____
Hospital Information			
Days in Hospital:	_____	Hospital Name:	_____
		Hospital Location:	_____
APGAR Scores			
APGAR 1:	_____	APGAR 5:	_____
		APGAR 10:	_____
Feeding			
Method:	_____		

[Patient label here]

Developmental History

Age rolling over back to front _____
Age at walking _____
Other: _____

Age at sitting _____
Age of first menstrual cycle _____
Does the patient currently wear braces? Yes No

Patient's Social History

Patient lives with Mother Father Mother and Father
 Legal Guardian Alone Spouse
 Other Family Other

Divorced Yes No

Current grade in school Pre-school Kindergarden 1 2 3
 4 5 6 7 8 9 10 11 12
 College Postgraduate School

Is the child in day care Yes No

Adopted Yes No

Brothers 0 1 2 3 4 5+

Sisters 0 1 2 3 4 5+

Patient's Medical/Surgical History

Medical Illnesses & Hospitalizations:

Chronic Conditions:

Previous

Surgery: _____

Family History (Write Yes or No and Indicate Relationship)

Anesthesia allergies _____	Diabetes _____	Neurological Problems _____
Benign Bone Tumor _____	Gait Abnormality _____	Rheumatoid Arthritis _____
Bleeding Disorder _____	Heart Failure _____	Scoliosis _____
Bone Cancer _____	Hypertension _____	Short Stature _____
Cancer _____	Immunodeficiency _____	

Patient's Substance and Sexual History

Please fill out if patient is 13 years of age or older
(Circle Yes or No for each item below)

- **Patient Tobacco Use:** Yes or No
- **Tobacco Use of House Hold Member:** Yes or No
- **Patient Alcohol Use:** Yes or No
- **Patient Drug Use:** Yes or No
- **Is the Patient Sexually Active:** Yes or No

[Patient label here]

Review of Systems

- Unexplained weight gain
 - Rashes
 - Recurrent infection of ears/nose/throat
 - Asthma
 - Constipation
 - Bladder infection
 - Head trauma
 - Depression
 - Known problem with growth hormone
 - Easy bruising
 - Unexplained arm or leg swelling

 - No symptoms present today
- Unexplained weight loss
 - Birthmarks
 - Heart murmurs
 - Feeding problems
 - Vomiting
 - Inability to control urine
 - Attention deficit disorders
 - Behavioral problems
 - Known problems with diabetes
 - Frequent nosebleeds
 - Bumps or knots under the arm or in groin
- Recent fever (above 100 degrees)
 - Visual problems
 - High blood pressure
 - Diarrhea
 - Kidney infection
 - Seizures
 - Learning issues at school
 - Known problem with thyroid
 - Bleeding problems
 - Low blood count

[Patient label here]