Joe DiMaggio Children's Hospital | DEPARTMENT OF ORTHOPAEDIC SURGERY

Division of Pediatric Orthopedics and Spinal Deformities

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

Developmental History

Age rolling over back to front	_____	Age at sitting	_____
Age at walking	_____	Age of first menstral cycle	_____
Other:	_____	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	Adopted	Yes No
Divorced	Yes No	Brothers	0 1 2 3 4 5+
Current grade in school	Pre-school Kindergarden 1 2 3 4 5 6 7 8 9 10 11 12 College Postgraduate School	Sisters	0 1 2 3 4 5+
Is the child in day care	Yes No		

Patient's Medical/Surgical History

Please list any updates to your medical, surgical, and/or family history since your last visit at our office :

_____

_____

_____

[Patient label here]

Review of Systems

Please **check the box** if the patient is experiencing any of the below symptoms or conditions.

Constitutional	☐ Unexplained weight gain ☐ Unexplained weight loss ☐ Feeding Problems ☐ Recent fever (above 100 degrees)
Gastrointestinal	☐ Diarrhea ☐ Vomitting
Cardiovascular	☐ Unexplained arm or leg swelling ☐ Heart murmurs ☐ High blood pressure
Allergic/Immunologic	☐ Environmental allergies or hives.
Genitourinary	☐ Bladder infection ☐ Inability to control urine ☐ Constipation ☐ Kidney infection
Musculoskeletal	☐ Back pain ☐ Joint pain ☐ Recent fall or injury
Eyes	☐ Visual Problems
Hematologic/lymphatic	☐ Bleeding problems ☐ Bumps or knots under the arm or in groin ☐ Easy bruising ☐ Low blood count
Neurological	☐ Seizures ☐ Head trauma
HENT	☐ Recurrent infection of ears/nose/throat ☐ Frequent nosebleeds
Respiratory	☐ Asthma
Skin	☐ Rashes ☐ Birth marks
Endocrine	☐ Known problem with diabetes ☐ Known problem with thyroid ☐ Known problem with growth hormone
Psychiatric/Behavioral	☐ Learning issues at school ☐ Depression ☐ Behavioral problems ☐ Attention deficit disorders

☐ **Check here if the patient is not experiencing any symptoms or conditions today**

[Patient label here]