

PEDIATRIC

NAME: _____
PREFERRED PHARMACY _____

DOB: ____/____/____

MEDICINES CHILD IS ALLERGIC TO:

PAST SURGERIES AND DATES:

CHRONIC MEDICAL CONDITIONS:

CURRENT MEDICATIONS:

BIRTH HISTORY: Delivery: Vaginal C-section

Complications: _____

Birth weight: _____ Length: _____

Problems with newborn: (circle)

Infection Jaundice Breathing problems Premature Heart murmur Other _____

Feeding: Breast _____ Formula _____ How Long? _____

Mother's Name: _____ Employer: _____ Work Phn (____) _____

Father's Name: _____ Employer: _____ Work Phn (____) _____

Legal Guardian: _____ Employer: _____ Work Phn (____) _____

SOCIAL HISTORY:

Who does child live with? _____

Parents are (circle): Married Divorced Separated Living together

If parents are separated or divorced, how often does patient see other parent?

Tobacco exposure: No Yes, inside Yes, outside Unknown

Pets in the home: No Yes, cat Yes, dog Yes, cat and dog Yes, other _____

School: No Yes Daycare

FAMILY HISTORY:

Father: Living Deceased Age _____

Illnesses/Cause of death: _____

Mother: Living Deceased Age _____

Illnesses/Cause of death: _____

How many brothers? _____ How many sisters? _____

Brother(s) Living: _____ Illnesses: _____

Deceased: _____ Illnesses/Cause of death: _____

Sister(s) Living: _____ Illnesses: _____

Deceased: _____ Illnesses/Cause of death: _____

Please list any other blood relative with any illnesses: _____

GIVE THE DATE OF YOUR LAST:

Well child exam _____ Flu shot _____ Tetanus shot _____