

# Pediatric Health History

West Erie Medical Group

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F  
Last First M

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Lives with \_\_\_\_\_

Any special spiritual or religious needs?  yes  no \_\_\_\_\_

Any special cultural needs?  yes  no \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Any ALLERGIES to medications, x-ray dyes, foods, or other substances?  yes  no \_\_\_\_\_

## Family Medical History (including heart disease before 55 years, TB, HIV, seizures, cancer, diabetes, etc.)

Mother	Birth Date	History
Father		
Grandparent		
Sibling/Other		

## Birth History

Term  Premature \_\_\_\_\_ weeks  Late \_\_\_\_\_ weeks Birth weight \_\_\_\_\_  
 Vaginal delivery  Cesarean section \_\_\_\_\_ Birth weight \_\_\_\_\_  
 Complications of pregnancy \_\_\_\_\_

Newborn complications  Injuries  Special Care  
 Breathing Problems  Medications \_\_\_\_\_  
 Seizures \_\_\_\_\_  
 Jaundice \_\_\_\_\_

Was he/she discharged from the hospital at the same time as his/her mother?  yes  no

**Family Medical History** (please check)

- Allergies
- Anemia
- Asthma
- Attention problems
- Bed wetting
- Behavior problems
- Bleeding disorder (other)
- Blood disorder (other)
- Cancer
- Chronic lung disease (BPD)
- Congenital disorders
- Colic

- Constipation
- Cystic fibrosis
- Epilepsy (seizures)
- Eating disorders
- Ear infections
- Eye problems
- Feeding problems
- Hearing problems
- Heart problems
- Injuries
- Immune deficiency
- Kidney problems

- Lead poisoning
- Learning disorders
- Meningitis
- Pain (chronic or unusual)
- Pneumonia
- Prematurity
- Shot (immunization) reaction
- Sickle cell anemia

**Surgeries**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications** (including prescription drugs, fluoride, vitamins, and herbal products)

\_\_\_\_\_

\_\_\_\_\_

**Developmental History**

- Rolled over \_\_\_\_\_
- Sat unassisted \_\_\_\_\_
- Crawled \_\_\_\_\_
- Pulled to stand \_\_\_\_\_
- Stood alone \_\_\_\_\_
- Walked holding on \_\_\_\_\_
- Walked alone \_\_\_\_\_
- Spoke \_\_\_\_\_
- Potty trained \_\_\_\_\_
- \_\_\_\_\_

**Activities**

- Dance
- Swimming
- Baseball
- Football
- \_\_\_\_\_
- Gymnastics
- Soccer
- Basketball
- Bicycling
- \_\_\_\_\_

Any special equipment or assisted devices?  yes  no \_\_\_\_\_

Any specific developmental concerns?  yes  no \_\_\_\_\_

**Health Promotion & Safety**

- Are his/her immunizations up to date as far as you know?  yes  no  not sure
- Does he/she wear a safety belt in the car?  yes  no  sometimes
- Does he/she wear a bicycle helmet and/or other protective equipment?  yes  no  sometimes
- Are there any firearms in the home?  yes  no If so, are they unloaded?  yes  no Is the gun unlocked?  yes  no
- Does your home have a smoke detector?  yes  no Fire extinguisher?  yes  no Is the ammunition stored separately?  yes  no
- Carbon Monoxide detector?  yes  no
- Have you discussed any of the following with your child? (if appropriate for your child's age)
- Abstinence, safe sex, condoms, HIV?  yes  no Puberty, menstruation (periods), etc.?  yes  no Drugs/alcohol/tobacco use?  yes  no

Parent/Guardian/Patient \_\_\_\_\_

Date \_\_\_\_\_

**For Official Use Only:**

Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_