

Practice Representative _____ Date _____

Minor Child _____ Date of Birth _____ Date _____

PEDIATRIC PAST MEDICAL HISTORY

Hospitalizations: _____

Last Dental Visit _____

Surgeries: _____

Menarche: _____

Allergies:

Last Menstrual Period _____

Foods _____

Previous Menstrual Period _____

Medications _____

Airborne allergens _____

Please mark all that apply to your child:

HEENT: Headaches eye problems, myopia, estropian, ptosis, epistaxis,
 deviated septum, recurrent sore throats, sinusitis

NECK: Thyroid problems, cysts, gland enlargement, spasm, injuries

Chest: Chronic cough, asthma, pneumonia, wheezing pain sputum production
 TB exposure fatigue with exercise

Cardiac: Heart murmur chest pain heart defect fainting with exercise
 syncope palpitations skipped beats

Abdomen: Pain constipation diarrhea vomiting Nausea weight loss weight gain
 pain after eating fatty/spicy foods

Genitourinary: Circumcision testicular pain or mass vaginal discharge sexual activity
 bladder or kidney infections rashes

Musculoskeletal: Injuries fractures sprains extremity larger or smaller than other
 scoliosis back pain numbness or pain in extremities neck pain arthralgia joint pain joint swelling
 redness limitation in movement

Neurological: Headaches head trauma hallucinations weakness in extremities
 tightness in extremities gait problems tiptoeing antalgic gait favoring of extremities seizures
 blackout spells inattention

Endocrine: abnormal weight gain/loss signs of puberty (onset?) excessive hair
 excessive acne menstrual problems abnormal growth testicular problems visual disturbances hair
loss unusually dry/oily skin neck masses increased/decreased activity excessive thirst polyuria
 polyphagia

Lifestyle: drugs alcohol smoking THC inhalants poor diet sexual activity with/without
protection lack of exercise overtraining stress mood problems
 sexual tendencies relations with others: school, family friends

Developmental problems: delay in speech motor fine motor skills speech impediments
 poor academic performance autistic behaviors

Dental: caries gingival disease mouth lesions sores occlusion problems TMJ pain

Dermatologic: Unusual birthmarks growing birthmarks multiple birthmarks rashes
 blisters warts lower back dimples hairy tufts abscesses acne eczema psoriasis
 hemangiomas

Legal Guardian Signature _____ Date _____

Minor Child _____ Date of Birth _____ Date _____

FAMILY AND SOCIAL HISTORY

Please mark all that apply to child's family:

Child lives with: Mother Father MGM MGF PGM PGF Foster Parent Family Member

Changes in family: separation divorce major illness death catastrophic changes

Cardiovascular Disease: ASCVD Congenital sudden cardiac death arrhythmias surgery
 HTN dyslipedemia

Allergies: allergy shots sinusitis eczema recurrent otitis anaphylaxis

Respiratory: asthma TB emphysema chronic cough cystic fibrosis

GI: ulcers gastritis GERD celiac disease inflammatory bowel disease colorectal cancer
 polyps juvenile cirrhosis hepatitis A,B,C Hirschsprung's Disease gallbladder disease
 pancreatitis lactose/milk intolerance pyloric stenosis fatty liver disease

Genital: inguinal hernias testicular torsion testicular cancer cervical cancer surgery
 ovarian torsion/cancer

Urinary Tract: UTI polycystic kidney disease hydronephrosis vesicoureteral reflux disease
 abnormal kidneys absent kidneys bladder problems enuresis incontinence

Neurological: seizures developmental delay neurofibromatosis aneurysms migraine HA
 strokes craniosynosis abnormal head shape

Endocrine: diabetes type I diabetes type II thyroid problems pituitary adrenal
 precocious puberty polycystic ovary disease excessive hair (hirsutism)

Chromosomal problems: Down's Syndrome Turner's Syndrome Trisomies Klinefelter's
 Cri-Du-Chat

Musculoskeletal: Scoliosis Spina Bifida Marfan's Syndrome Duchenne's muscular dystrophy
 Ankylosing Spondylitis JRA Rheumatoid Arthritis Lupus

Skin: melanoma unusual birthmark facial large strawberry birthmark (Sturge-Weber Syndrome)
 Neurofibromatosis

Psychiatric disorders: Bi-polar disorder Postpartum depression suicide ADHD Depression
 eating disorder Bulimia Anorexia nervosa Oppositional defiant disorder

Other: HIV Deafness Autism SIDS (crib death)

Legal Guardian Signature: _____ Date _____

Provider Signature: _____ Date _____