

# CHILD'S HEALTH HISTORY

## Patient Information

Patient \_\_\_\_\_ birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home & Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home & Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female Child lives with \_\_\_\_\_

## Current Medical Problems

Please list medical problems which your child is experiencing now.

Reason for visit. \_\_\_\_\_

Is your child currently being treated for any other medical condition or illness? \_\_\_\_\_

Physician treating and date treatment began \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_

## Serious Illnesses, Injuries, and Hospitalizations

Year	Illness, Injury, Surgery	Hospital
_____	_____	_____

## Prenatal History

Length of pregnancy \_\_\_\_\_

Characteristics of pregnancy and delivery (use of medications, complications, etc.) \_\_\_\_\_

## Early History –Infant, Toddler

Condition of newborn (weight, height, apgar scores, etc.) \_\_\_\_\_

Special Interventions \_\_\_\_\_

Feeding History (method, weaning, eating patterns, etc.) \_\_\_\_\_

Sleep History \_\_\_\_\_

## Does Your Child Suffer from Any of these health problems?

Headaches _____	Hyperactivity _____	Constipation _____
Allergies _____	Frequent colds _____	Colic/ITB _____
Ear Problems _____	Flu _____	Bed Wetting _____

Sleep Problems _____	Poor eye contact _____	Milk Allergy _____
Asthma _____	Distractability _____	Skin disease _____
Fatigue _____	Bloody noses _____	temper tantrums _____
Irritability _____	Meningitis _____	head banging _____
Accident prone _____	Motor vehicle accidents _____	
Anxiety _____	Broken bones or strains _____	
Nervousness _____	Scoliosis or curvatures _____	
Breath holding _____	Birth Defects _____	
Rocking _____	Learning Disorders _____	
Falls _____	Poor posture _____	
Depression _____	Socializing problems _____	

**Family Health History**

Please identify any medical problems blood relatives have or have had.

Conditions	Family Member	Condition	Family Member
Birth defects _____		Diabetes _____	
Genetic defects _____		Thyroid Disease _____	
Mental Retardation _____		Heart Disease _____	
Allergies _____		Anemia/Blood Disorders _____	
Lung Disease _____		High Blood Pressure _____	
Asthma _____		Kidney Disease _____	
Bone/Joint Disorders _____		Tuberculosis _____	
Rhematoid Arthritis _____		Seizures/ Convulsions _____	
Muscle Disorders _____		Mental Disease _____	
Skin Diseases _____		Other _____	
Eye or Ear Problems _____			
Cancer _____			
HIV/AIDS _____			
Veneral Disease _____			