

Patient History

Name: _____ DOB: _____

Birth History:

Birth Weight _____ lbs _____ oz

C-Section _____ Vaginal Delivery _____ Full Term _____ Pre-Term _____ Weeks _____

Complications _____ No Complications _____

Explain _____

Hospitalizations:

No _____ Yes _____ Date _____ Reason _____

Surgeries

No _____ Ear Tubes _____ Tonsillectomy/Adenoidectomy _____ Hernia _____

Appendectomy _____ Cardiac Surgery _____

Other Surgery _____

Chronic History (recurring frequently; 6 or more times a year or 3 in three months)

None _____ Murmur _____ Ear Infections _____ Sinusitis _____ Asthma _____ Strep _____

Allergies:

Medicines _____

Environmental _____

Foods _____

Significant History

Fracture (body part) _____ ADHD/ADD _____

Anxiety/Depression _____ Constipation _____ Reflux _____

Medications:

Daily _____

As Needed _____

Family Medical History: (S=Sibling P=Parent E=Extended)

Murmur S P E Heart Disease/High Blood Pressure S P E ADHD S P E

Kidney Disease S P E Diabetes/Thyroid Disorder S P E Cancer S P E

Other _____

Social:

Parents:

Single _____ Married _____ Divorced _____ Custody _____

Siblings:

Name Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

