

PEDIATRIC CARE of KENTUCKY 6-21-12

PAST HISTORY

PATIENT NAME: _____

Does your child have, or has he/she ever had:

Chickenpox	___ YES	___ NO	COMMENTS _____
Frequent ear infections	___ YES	___ NO	COMMENTS _____
Problems with ears or hearing	___ YES	___ NO	COMMENTS _____
Nasal allergies	___ YES	___ NO	COMMENTS _____
Problems with eyes or vision	___ YES	___ NO	COMMENTS _____
Asthma, bronchitis, bronchiolitis, or pneumonia	___ YES	___ NO	COMMENTS _____
Any heart problem or heart murmur	___ YES	___ NO	COMMENTS _____
Anemia or bleeding problem	___ YES	___ NO	COMMENTS _____
Blood transfusion	___ YES	___ NO	COMMENTS _____
Frequent abdominal pain	___ YES	___ NO	COMMENTS _____
Constipation requiring doctor visits	___ YES	___ NO	COMMENTS _____
Bladder or kidney infection	___ YES	___ NO	COMMENTS _____
Bed-wetting (after 5 years old)	___ YES	___ NO	COMMENTS _____
(For Girls) Has she started her menstrual periods?	___ YES	___ NO	COMMENTS _____
(For Girls) Are there problems with her periods?	___ YES	___ NO	COMMENTS _____
Any chronic or recurrent skin problem (acne, eczema, etc)	___ YES	___ NO	COMMENTS _____
Frequent headaches	___ YES	___ NO	COMMENTS _____
Convulsions or other neurological problems	___ YES	___ NO	COMMENTS _____
Diabetes	___ YES	___ NO	COMMENTS _____
Thyroid or other endocrine problem	___ YES	___ NO	COMMENTS _____
Any other significant problem	___ YES	___ NO	COMMENTS _____
Use of alcohol or drugs	___ YES	___ NO	COMMENTS _____

This form has been completed by: _____ Relationship to child _____ Date _____

PATIENT NAME: _____

Has any family member (parents, siblings, paternal/maternal grandparents) had the following:

ADD/ADHD	WHO _____	COMMENTS _____
Allergies	WHO _____	COMMENTS _____
Asthma	WHO _____	COMMENTS _____
Birth Defects	WHO _____	COMMENTS _____
Cancer	WHO _____	COMMENTS _____
Coronary artery disease before 50 yrs	WHO _____	COMMENTS _____
DDH (hip dysplasia)	WHO _____	COMMENTS _____
Deafness	WHO _____	COMMENTS _____
Depression	WHO _____	COMMENTS _____
Developmental delay	WHO _____	COMMENTS _____
Diabetes	WHO _____	COMMENTS _____
Eczema	WHO _____	COMMENTS _____
Genetic disorder	WHO _____	COMMENTS _____
Hemoglobinopathy (i.e.sickle cell)	WHO _____	COMMENTS _____
Hyperlipidemia (high cholesterol)	WHO _____	COMMENTS _____
Hypertension (high blood pressure)	WHO _____	COMMENTS _____
Learning disability	WHO _____	COMMENTS _____
Mental Retardation	WHO _____	COMMENTS _____
Migraines	WHO _____	COMMENTS _____
Obesity	WHO _____	COMMENTS _____
Scoliosis	WHO _____	COMMENTS _____
Seizure disorder	WHO _____	COMMENTS _____
SIDS (sudden infant death syndrome)	WHO _____	COMMENTS _____
Strabismus (eyes cross)	WHO _____	COMMENTS _____
Thyroid disease	WHO _____	COMMENTS _____
Drug/Alcohol abuse	WHO _____	COMMENTS _____
Immune problem, HIV, AIDS	WHO _____	COMMENTS _____
Bleeding disorder	WHO _____	COMMENTS _____
Mental illness	WHO _____	COMMENTS _____
Other	WHO _____	COMMENTS _____

Additional family history _____
