

General Pediatric Medical History Form – (3- 12yr old)

Child's Name: _____ **Birthdate:** _____ **Today's Date:** _____

Medical History

Has your child ever had urinary tract infection? **Yes No ~ (If yes at what age? _____)**

Has your child ever been diagnosed with asthma or wheezing? **Yes No ~ (If yes at what age? _____)**

Has your child ever had any medical problems? **Yes No ~ Specify: _____**

Has your child ever had any fractures, concussions, or other serious injury? **Yes No ~ Specify (include age): _____**

Does your child have any allergies? **Yes No ~ What kind? _____**

Does your child see any specialists? **Yes No ~ If yes, who? _____**

Has your child ever received Occupational, Physical or Speech therapies? **Yes No ~ _____**

Surgeries or hospitalizations (where the patient was admitted to the hospital):
Age: _____ Reason: _____ Age: _____ Reason: _____

Family History

Does anyone in your family listed below have any chronic diseases/illnesses.....(like diabetes, heart attacks, strokes, depression, asthma, cancer, thyroid) or any other diseases we should know about? Check alive or deceased. If no health issues, check healthy.

Foster Care Adopted

Father: alive deceased healthy other Explain _____

Mother: alive deceased healthy other Explain _____

Siblings: alive deceased healthy other Explain _____

Father's Father: alive deceased healthy other Explain _____

Father's Mother: alive deceased healthy other Explain _____

Mother's Father: alive deceased healthy other Explain _____

Mother's Mother: alive deceased healthy other Explain _____

Social History

Diet: Regular Vegetarian Vegan Gluten Free Diabetic

Sporting activities: _____

School name: _____

Grade in school: _____

Childcare: None Relative Private Sitter Daycare Preschool

Parents' marital status: Married Unmarried Separated Divorced Widowed

Home situation: Both Parents Mother Father Relative Adopted Foster

Smoke/CO detectors in home? **Yes No**

Passive Smoke exposure? **Yes No ~ Inside Outside**

Seat belt or car seat used? **Yes No**

Bike helmets used? **Yes No**

Animal exposure? **Yes No**