

Pediatric Associates Prof LLC.

Mature Pediatric Medical History Form – (13yrs and up)

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 ~ If yes, please specify : \_\_\_\_\_

Does your child see any specialists? Yes No ~ If yes, who? \_\_\_\_\_

Has your child ever received Occupational, Physical or Speech therapies? Yes No Explain: \_\_\_\_\_

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: \_\_\_\_\_

Parents' marital status:  Married  Unmarried  Separated  Divorced  Widowed

Home situation:  Both Parents  Mother  Father  Relative  Adopted  Foster

Smoke/CO detectors in home? Yes No

Seat belt or car seat used? Yes No

Animal exposure? Yes No

Smoke exposure? Yes No ~ Inside Outside

Bike helmets used? Yes No