

RM Pediatrics

Past Health and Family History (Birth to 12 months)

PATIENT

NAME: _____ M _____ F _____ DATE: _____

DATE OF BIRTH _____ COMPLETED BY: _____

Welcome to RM Pediatrics. Please complete this form as thoroughly as possible; it will provide us with valuable information about your child and his/her health.

Mother's Obstetrician: _____

City/State: _____

Other physicians your child has seen: _____

PREGNANCY HISTORY:

- Treatment for infertility
- Medications
- Infections/fever
- X-ray/ultrasounds/chromosome studies
- High blood pressure or toxemia
- Chemical use
- Gestational diabetes
- Anything else that you would like us to know

BIRTH HISTORY

Deliver:

- Vaginal
- C-Section
- Full Term
- Premature

Gestational age _____

Birth weight _____

Complications: _____

NEWBORN HISTORY:

Any complications or concerns soon after birth: (fevers, breathing problem, low sugar, jaundice etc)

CHILD'S HISTORY:

- Allergies (medication, food, environment)
 - Asthma
 - Chicken Pox
 - Ear Infections
 - Injuries Requiring Medical Attention
 - Hospitalizations
 - Surgical Procedures/Operations
 - Developmental Delay (language, movement)
 - Anything else that you would like us to know?
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FAMILY HISTORY:

	Mom	Dad	Sibling	Maternal Grandfather	Maternal Grandmother	Paternal Grandmother	Paternal Grandmother
Allergies (meds, food, environment)							
Anesthesiareac ons							
Asthma Birth defects							
Bladder/kidney disease or infections							
Bleeding/ clotting disorders							
Bowel (ulcer, colitis)							
Cancer (type)							
Diabetes Mellitus							
Ear problems/ infections							
Eczema/ skin conditions							
Hearing problems							
Heart problems							
High blood pressure/ stroke							
High cholesterol							
Hip Dysplasia							
Learning Disabilities/ Dev Delays							
Lung problems (CF, tuberculosis)							
Obesity							
Seizure disorder							
Sickle Cell							
Thyroid problems (high or low)							
Vision problems (blind, lazy eye)							
Any other conditions							
Behavioral/Mental Health:							
ADHD							
Anxiety							
Bipolar or mood disorder							
Chemical abuse/dependency							
Depression							
Schizophrenia							
Other							