

# RM Pediatrics

## Past Health and Family History (1 year and older)

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.

Previous primary physician: \_\_\_\_\_

City/State: \_\_\_\_\_

Other physicians your child has seen: \_\_\_\_\_

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)

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### CHILD'S HISTORY:

- Allergies (medication, food, environment)
- Asthma
- Chicken Pox

- Ear Infections
  - Injuries Requiring Medical Attention
  - Hospitalizations
  - Surgical Procedures/Operations
  - Developmental Delay (language, movement)
  - Socialization/Behavior Problems
  - School or Childcare Concerns
  - Other long term conditions
  - 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							