Patient Name: Date:

BIRTH HISTORY

Please answer the following:

Medications taken during pregnancy _____

If pregnancy complicated, please explain _____

Full Term □ Yes □ No Premature _____ weeks

Delivery □ Vaginal _____ □ Cesarean Reason for C-section _____

Birth weight/length _____/_____ Any problems in nursery (jaundice, cyanosis)? □ Yes □ No

If yes, please explain _____

DEVELOPMENTAL & SOCIAL HISTORY

Please answer when your child met developmental milestones and describe issues with school behavior

Roll over	□ On time	□ Late	Grade in school _____
Sit up	□ On time	□ Late	Marks in school _____
Walk alone	□ On time	□ Late	Problems in school _____
Talk (2 words)	□ On time	□ Late	
Toilet Train	□ On Time	□ Late	

Diet problems _____

Sleep problems _____

Social problems _____

Behavioral problems _____

Personality

MEDICAL HISTORY

Please fill in the following with dates and places with description

Hospitalizations _____

Surgery _____

Allergies _____

Current medications _____

Past medications taken for more than 2 weeks _____

Immunizations _____

Have menstrual periods begun □ No □ Yes Age of onset _____ Cycles regular □ No □ Yes

Last menstrual period began _____ days ago Menstration concerns _____

Any other health problems _____

REVIEW OF SYSTEMS

Please check yes or no for the following symptoms your child may be experiencing

		Y	N		Y	N		Y	N	Comments
Constitutional	Weight loss/gain			Fever			Fatigue			
Eyes	Eye Swelling			Double vision						
ENT	Ear Infection			Throat pain			Nosebleeds			
CV	Chest Pain			Palpitations			Murmur			
Resp	Shortness of bretah			Cough			Wheezing			
GI	Nausea/vomiting			Diarrhea			Abominal pain			
GU	Urinating Frequently			Allergy to meds			Urinary infection			
Endocrine	Urinating in large amts			Excessive thirst			Other			
Skin	Rash			Lesions						
Musculoskeletal	Joint swelling			Joint pain						ROS
Neuro	Headache			Fainting						99242=1
Psych	Difficulty sleeping			Depression						99243=2-9
Hem/Lymph	Bruising/bleeding			Anemia			Swollen glands			99244=>10
Allergic/Immun	Frequent infection			Allergy to meds						99245=>10

Parent/Patient Signature: _____ Date completed: _____