PediatricSurgicalAssociates
NavicentHealth

# PEDIATRIC HISTORY

NAME: _____ DOB:_____ Sex M / F Race_____
Mother's name _____ Father's name _____
Who is your Child's pediatrician? _____ Tel: _____

## SOCIAL HISTORY

Does your child live with both natural parents? YES NO
If no, with whom? _____ Is your child legally adopted? YES NO
Number of siblings and ages _____

## MEDICAL HISTORY

IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS/FOODS/LATEX PRODUCTS: YES NO
PLEASE LIST_____
LIST MEDICINES YOUR CHILD IS TAKING NOW:_____
_____
Pharmacy: _____ Telephone: _____
Are your child's immunizations up to date? YES NO Last menstrual cycle: _____
List all operations your child has had: _____
Were there any problems at birth? YES NO If yes, describe_____
What was your child's birth weight? _____ Was your child premature? YES NO
If yes, how many weeks _____
What type of diet is your child on? Breast____ Formula ____ Regular Diet____ Other_____

**PLEASE CHECK ANY ILLNESSES YOUR CHILD CURRENTLY HAS, OR HAD IN THE PAST:**

| HAS | HAD | CONDITION | HAS | HAD | CONDITION | HAS | HAD | CONDITION |
|---|---|---|---|---|---|---|---|---|
| | | ASTHMA | | | LOWER INTESTINAL PROBLEMS | | | MUSCLE WEAKNESS |
| | | BLOOD DISORDER | | | HEADACHES | | | PREMATURITY |
| | | BPD | | | HEART DEFECT | | | RAD |
| | | CANCER | | | HEPATITIS | | | REFLUX |
| | | CEREBRAL PALSY | | | HIV/AIDS | | | SEIZURES |
| | | DEVELOPMENTAL DELAY | | | HYDROCEPHALUS | | | SICKLE CELL DISEASE |
| | | DIABETES | | | HYPERTENSION | | | STOMACH PAIN |
| | | EAR INFECTIONS | | | HYPOGLYCEMIA | | | TB |
| | | EMOTIONAL PROBLEMS | | | HYPOTENSION | | | THYROID DISEASE |
| | | FRACTURES | | | KIDNEY PROBLEMS | | | WEIGHT LOSS |
| | | FAILURE TO GAIN WT | | | LUNG PROBLEMS | | | MRSA/Abscess |
| | | UPPER INTESTINAL PROBLEMS | | | MENINGITIS | | | OTHER:_____ |

## FAMILY HISTORY

Is there a family history of? (parents, grandparents etc)
Diabetes: Y / N If yes, who_____ Heart Problems: Y / N If yes, who_____
Lung Problems: Y / N If yes, who_____ Sickle Cell: Y / N If yes,who_____