Patient Name:

Patient Date of Birth:

Pediatric History

Maternal History

Mother's age when this child was born: _____

Medical problems during this pregnancy (illnesses, infections, anemia, etc.): _____

_____

Prenatal care was provided by: _____

Birth History

Where born: _____

Weight: _____ Apgar scores (if known): 1 min _____ 5 min _____

Was baby born within two weeks of expected day?

☐ Yes ☐ No ☐ Early ☐ Late

Delivery was:

☐ Spontaneous vaginal delivery
☐ Forceps
☐ Cesarean section

Problems or complications of delivery: _____

_____

Newborn History (First few days of life)

How many days in hospital? _____

Baby's problems or complications: _____

_____

Was child breastfed? ☐ Yes How long? _____ ☐ No

Developmental History

Skills	Age
Say "dada" "mama" in reference to right person	_____
Walk well	_____
Toilet trained	_____
Combine two words	_____

Illnesses and Injuries

Yes	No		Yes	No	
☐	☐	Allergies	☐	☐	Meningitis
☐	☐	Asthma	☐	☐	Pneumonia
☐	☐	Broken bone(s)	☐	☐	Poison ingestion
☐	☐	Chickenpox	☐	☐	Seizures
☐	☐	Concussion	☐	☐	Tonsillitis
☐	☐	Ear infection(s)	☐	☐	Urinary tract infection(s)
☐	☐	Feeding problems	☐	☐	Vision problems
☐	☐	Hearing problems	☐	☐	Other: _____
☐	☐	Heart murmur			_____

Hospital, Surgery, other major illness or injury

Date Describe why hospitalized, nature of surgery, what illness

_____
_____
_____
_____
_____

Drug Allergies or reactions

Drug Date of reaction What happened?

_____
_____
_____
_____
_____

Drugs currently taken (once/month or more):

Drug Dosage How often? What for?

_____
_____
_____
_____
_____