Bayside Medical Group
An affiliate of Packard Children's Health Alliance

Current Review of Child's Medical History
(Six Months and Older)

Date: _____ Age: _____

MEDICAL HISTORY

Hospitalization (age and reason for hospitalization): _____

Serious injuries: _____

Surgery: _____

Illnesses:

Chicken pox? Yes __ No __ Ear infections? Yes __ No __ Strep throat? Yes __ No __ Bronchitis? Yes __ No __

Asthma? Yes __ No __ (If yes, please request asthma form to fill out.) Eczema? Yes __ No __ Other: _____

Allergies: Medicines? Yes __ No __ Food? Yes __ No __ Grass, dust, pollen? Yes __ No __ Other: _____

Current medications: _____

Alternative medical care? Teas, herbs, homeopathy, chiropractic, acupuncture? _____

Clinician notes: _____

_____

_____

NUTRITION

Are you worried there might be a problem? _____

Breast fed at birth? Yes __ No __ How many months? _____ When were solids introduced? _____

Common current foods: _____

Vitamins or mineral supplements: _____

Clinician notes: _____

_____

_____

GROWTH & DEVELOPMENT

Are you worried that there might be a problem?

Sleeping? Yes __ No __ Discipline? Yes __ No __ Clinging? Yes __ No __ Other? _____

School, pre-school or day care now? Yes __ No __ Current level: _____ Gets along with others? Yes __ No __

Age when: Sat alone _____ Walked alone _____ Said six words _____ Toilet trained _____

Said two-word sentences _____ Dressed self _____ Tied shoes _____

Speech and language problems: _____

Concerns about hearing or vision: _____

Concerns about bed wetting: _____ Concerns about constipation: _____

Concerns about school: _____

Clinician notes: _____

_____

_____

Last Name: _____ First Name: _____ DoB: _____