



# PEDIATRIC PATIENT MEDICAL HISTORY

Patient's Full Legal Name

Birthdate:

Sex:

List Hospitalizations: *(Including significant ER visits)*

List Surgeries,

List Current Medications: *(and for which condition)*

List Current Medical Equipment: *(and for which condition)*

List Current Specialists: *(and for which condition)*

List Allergies to Medicine or Food: *(and nature of reaction)*

## Social History

Who does the child live with *(list)*:

What is the marital status of parents:

What school does the child attend and what grade:

Sports Participation:

Hobbies:

## Family Medical History *(Check relevant conditions and indicate relationship to patient)*

Allergy

Anemia

Anxiety or panic disorder

Asthma

ADHD

Arthritis or autoimmune disorder

Autism

Bipolar

Celiac disease

Color blindness

Crohn's disease or ulcerative colitis

Diabetes

Eczema

Epilepsy

Hearing loss

Heart attacks before age 40

High cholesterol or triglyceride

Hypertension

Kidney stones

Migrane

Nose bleeds

Psoriasis

Schizophrenia

Thyroid disease

**REVIEWS OF SYSTEMS**

**Please indicate all current concerns**

**Constitutional:** fatigue weight gain weight loss

**Eyes:** changes in vision chronic discharge wears glasses or contacts

**ENT:** nose bleeds chronic congestion frequent mouth sores frequent sore throats  
snoring sleep apnea hoarseness hearing trouble

**Respiratory:** persistent cough asthma wheezing shortness of breath chest pain

**Cardiovascular:** palpitations heart murmur heart malformation

**Gastrointestinal:** chronic abdominal pain constipation diarrhea vomiting  
can't control bowel movements blood in stools nausea  
poor appetite special diet food gets stuck in throat

**Musculoskeletal:** joint pain or swelling back pain significant injury

**Psychiatric:** inattention hyperactive/impulsive anxiety depression cutting  
suicidal thoughts or action eating disorder behavioral problems school issues

**Skin:** acne rashes dry skin eczema hives changes in moles  
changes in pigmentation excessive hair hair loss easy bruising

**Neurologic:** headaches fainting tremors seizures insomnia autism

**Endocrine:** poor growth short stature early puberty delayed puberty

**Hematology:** anemia excessive bleeding enlarged lymph nodes

**Allergy:** seasonal allergy food allergy drug allergy

**Genito-urinary:** bed wetting day time urinary accidents frequent urination abnormal periods

**Topics you would like to discuss today:**

**Would parent or patient wish to speak to doctor/PNP privately?**

**\* Reviewed by:**

**Date:**