DEMERA
ALLERGY ASTHMA & ENT CENTER

PEDIATRIC MEDICAL HISTORY

Patient Name ______________________ DOB ______________ Date ____________

Age __________ Sex __________ Ht __________ Wt __________

Primary Physician ______________________ Referring Physician______________________

Reason for Visit ____

Medical History (check box if appicable and explain):

☐ Cancer (list types & dates)
☐ Diabetes
☐ Epilepsy
☐ High Blood Pressure
☐ Migraine Headaches
☐ High Cholesterol
☐ Jaundice / Hepatitis
☐ Lung Disease
(TB, Asthma, Pneumonia, CF)
☐ Developmental Delay / Learning Disability
☐ Neurologic Disease
☐ Pregnancy
☐ Reflux
☐ Sleep Apnea
☐ Stomach Problems
☐ Thyroid Disease
☐ Ulcers
☐ Other (explain)

Surgical History: ____

____

Current Medications/Dosage:____

____

Allergies/Intolerances to Medications: ____

____

Family History (reference family member):

☐ Allergies __________ ☐ Asthma __________ ☐ Diabetes __________ ☐ Heart Attack __________

☐ Heart Disease __________ ☐ Hives __________ ☐ Hypertension __________ ☐ Stroke __________

Social History: Birthplace: ______________________ How long in local area______________________

School: ______________________ Grade: __________ Hobbies: ______________________

Developmental History: Birth Weight __________ lbs __________ oz

Pregnancy: ☐ Normal ☐ Abnormal ☐ Full term

Feeding: ☐ Breast fed ☐ Formula ☐ Feeding difficulty: ______________________

Review of System (check box if applicable recently):

General: ☐ Fever ☐ Weight Loss ☐ Loss of appetite ☐ Fatigue

Eyes: ☐ Visual impairment ☐ Double vision ☐ Eye Injury

ENT: ☐ Dizziness ☐ Canker sores ☐ Hearing loss ☐ Ringing in the ears ☐ Loss of Smell ☐ Loss of Taste

CV: ☐ Irregular beat ☐ Palpitations ☐ Chest pains (angina) ☐ Foot/ankle swelling ☐ Leg pain

Resp: ☐ Wheezing ☐ Cough ☐ Cough w/mucous production or w/o shortness of breath ☐ Recurrent infections

GI: ☐ Heartburn/GERD ☐ Ulcer ☐ Black stools ☐ Rectal bleeding ☐ Diarrhea ☐ Constipation ☐ Pain

GU: ☐ Blood in urine ☐ Nausea/vomiting ☐ Recurrent infections ☐ Urinary tract problems ☐ Menstrual problems

MS: ☐ Joint paint ☐ Autoimmune disease (lupus, etc.)

Neuro: ☐ Headaches ☐ Seizure disorder ☐ Brain injury ☐ Fainting spells

Integument: ☐ Eczema ☐ Psoriasis ☐ Boils ☐ Acne ☐ Chronic Rashes

Endocrine: ☐ Polydipsia (always thirsty) ☐ Polyuria (frequent urination) ☐ Cold ☐ Hot ☐ Tremors

Heme/Lymph: ☐ Anemia ☐ Bleeding Disorder