ALLERGY ASTHMA & IMMUNOLOGY CENTER

DEMERA

Pediatric Medical History

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Patient Name: _____ DOB: _____ Date: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____ BMI: _____

Primary Physician: _____ Referring Physician: _____

Reason for Visit: _____

Medical History (check box if applicable and explain):

☐ Cancer (list types & dates)
☐ Diabetes
☐ Epilepsy
☐ Heart Attack
☐ High Blood Pressure
☐ High Cholesterol
☐ Jaundice / Hepatitis
☐ Lung Disease (TB, Asthma, Pneumonia, CF)
☐ Migraine Headaches
☐ Neurologic Disease
☐ Pregnancy
☐ Reflux
☐ Sleep Apnea
☐ Stroke
☐ 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 _____gm
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 ☐ Cataracts ☐ Glaucoma ☐ Double vision
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 ☐ Poor circulation in legs ☐ Varicose veins
Resp: ☐ Wheezing ☐ Cough ☐ Cough w/ mucous 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 ☐ Menopause ☐ Prostrate trouble
MS: ☐ Joint pain ☐ Autoimmune disease (lupus, etc.) ☐ Chronic rashes
Neuro: ☐ Headaches ☐ Seizure disorder ☐ Brain injury ☐ Developmentally disabled/Learning disability ☐ Fainting spells
Integument: ☐ Eczema ☐ Psoriasis ☐ Boils ☐ Acne ☐ Breast abnormalities
Endocrine: ☐ Polydipsia (always thirsty) ☐ Polyuria (frequent urination) ☐ Cold ☐ Hot ☐ Tremors
Heme/Lymph: ☐ Anemia ☐ Bleeder