DEMERA

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

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