MEDICAL HISTORY

Date:	**Patient's Name:**	**Age:**
Reason for Visit:		
Primary Doctor:	**Referring Doctor (if different):**	

Full term? If premature, how many weeks gestation?	Birth Weight:
Any complications during pregnancy or delivery?	

Please list everyone the child lives with at home:
What grade is your child in and what are his/her typical grades?

VACCINATIONS: Up to date? Yes or No (circle one)	Date of last vaccination:
MEDICATIONS: Please list all current medications including prescription and over the counter medications.	
ALLERGIES: Allergies to medications? Food or other types of allergies? Type of reactions?	

MEDICAL HISTORY: (List all prior hospitalizations, surgical procedures, and serious illnesses)

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Does your child have a history of (circle all that apply or select "none" below):

GENERAL	○ Exercise intolerance ○ Sweats a lot ○ Sweats while breast feeding or bottle feeding ○ Face turning blue in color ○ None
NEUROLOGICAL	○ Seizures ○ Frequent headaches ○ Dizziness or passing out ○ None

EYES, EARS, NOSE	○ Vision problems ○ Use corrective lenses ○ Frequent ear or sinus infections, recurrent Strep throat ○ None
PULMONARY	○ Chronic wheezing or cough ○ Frequent pneumonia ○ Shortness of breath with minimal exertion ○ Difficulty breathing or rapid breathing ○ Asthma ○ None
CARDIAC	○ Chest pain with exercise ○ Rapid heart rate or palpitations ○ None
GASTROINTESTINAL/ GENITOURINARY	○ Frequent nausea or vomiting ○ Frequent diarrhea ○ Frequent urinary infections ○ None
HEMATOLOGIC	○ Easy bruising ○ Abnormal bleeding ○ None
MUSCULOSKELETAL / SKIN	○ Frequent joint pain or swelling ○ Recent trauma ○ Loose joints ○ Rashes or skin discoloration ○ None

FAMILY HISTORY (circle all that apply or select "none" below):

- ○ Babies born with heart disease or children who had heart surgeries
- ○ Sudden or unexplained deaths in a child, teenager, or young adult
- ○ Heart attack in someone before 50 years of age
- ○ High blood pressure before 50 years of age
- ○ Pacemaker placement in a child, teenager, or young adult
- ○ Abnormal heart rhythms
- ○ Syndromes such as Wolff-Parkinson-White, Long QT syndrome, Romano-Ward, Williams syndrome, Marfan syndrome, or DiGeorge syndrome
- ○ Congenital deafness
- ○ None

_____ _____

Signature of Parent/Guardian Date