Pediatric Medical History Form

Name: ______________________________ Date of Birth: ____________ Today's Date: __________

Parent/Guardian: ____

Email: __________________________@____________________

Please list all medications and dosages currently taken below, include vitamins and supplements.

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Please list any of your allergies with reactions (rash, hives, difficulty breathing, etc.)

Allergy	Reaction

Please list all surgeries and the year it occurred.

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List any family members who had had these diseases/disorders.

Asthma: ____
Heart Disease: ____
High Blood Pressure: ____
Cancer: ____
Stroke: ____
Cystic Fibrosis: ____
Diabetes: ____
High Cholesterol: ____
Lupus: ____
Sickle Cell: ____
Depression/Anxiety: ____
Mental Illness: ____
Substance Abuse: ____
Sudden Death Syndrome: ____

(Turn page over)

Please check any conditions the patient has been diagnosed with.

- [ ] asthma
- [ ] birth asphyxia
- [ ] bronchiolitis
- [ ] congenital heart disease
- [ ] cystic fibrosis
- [ ] meconium aspiration syndrome
- [ ] sleep apnea
- [ ] snoring
- [ ] pneumonia
- [ ] premature birth
- [ ] tuberculosis

- [ ] anxiety
- [ ] ADHD
- [ ] attention deficit disorder
- [ ] brain cancer
- [ ] cerebral palsy
- [ ] depression
- [ ] developmental delay
- [ ] eating disorder
- [ ] febrile seizure
- [ ] meningitis
- [ ] neuroblastoma
- [ ] seizure disorder

- [ ] bed wetting after age 5
- [ ] chronic constipation
- [ ] Crohn's disease
- [ ] GERD
- [ ] menstruation
- [ ] neonatal jaundice
- [ ] renal disease
- [ ] UIT(s)
- [ ] vesicoureteral reflux
- [ ] Wilm's tumor

- [ ] anemia
- [ ] bone cancer
- [ ] hereditary hemolytic anemia
- [ ] leukemia
- [ ] lymphoma
- [ ] sickle cell disease
- [ ] retinoblastoma
- [ ] rhabdomyosarcoma

- [ ] fracture(s)
- [ ] sprain(s)

- [ ] allergic rhinitis
- [ ] chicken pox
- [ ] headaches
- [ ] otitis media
- [ ] pharyngitis
- [ ] sinusitis

- [ ] diabetes type 1
- [ ] diabetes type 2
- [ ] metabolic syndrome
- [ ] inborn error of metabolism
- [ ] Kawsaki disease
- [ ] hyperthyroidism
- [ ] hypoglycemia
- [ ] hypothyroidism

- [ ] eczema
- [ ] hepatitis
- [ ] HIV
- [ ] juvenile rheumatoid arthritis
- [ ] measles
- [ ] MRSA
- [ ] mumps
- [ ] seasonal allergies
- [ ] rubella
- [ ] VRE

Please list any other important information you want the medical staff to know.

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