CHKDHS MEDICAL GROUP PEDIATRIC PATIENT HEALTH HISTORY

Child's Name _			Date of Birtl	h	Chart # ((Internal Use)
Child's Previous	s Doctor / Pr	imary Care Prov	rider:			
The child's biole Delivery by: □	lbs ogical status: vaginal bir	_ozs Birt : □Birth □ th □ caesarian	Adoption Ste	epchild [y?	other:	min 5 min Nursery
Place of Birth: Are the child's parents: □ married □ unmarried □ divorced □ separated						
Has the child had: ☐ chickenpox ☐ measles ☐ mumps ☐ rubella ☐ meningitis ☐ tuberculosis						
Do any of the child's caretakers smoke? ☐ Yes ☐ No If so, whom?						
TV (hours per day) Computer/Video Games (hours per day)						
Any repeated illness? Yes No Any surgery? Yes No						
Any serious injury?				Been hospitalized? ☐ Yes ☐ NoSchool or Learning problems?		
Reaction to any medication? Yes No School or Learning problems?						
FAMILY HISTORY						
		nformation about	n about family members		ving in the home:	
Name		Relationship	Date of Birth	Gender		Health Comments
Please check any family history of the conditions listed below. In addition to immediate family, include: Uncles, Aunts, and Grandparents associated with the condition.						
Asthma		Birtl Diak Kidı Nerv Thyı	Alcoholism/Drug Abuse Birth Defects Diabetes Kidney Disease Nerve/Muscular Thyroid Problems		□ No	Allergies
Please indicate relative with condition(s):						
PATIENT'S HISTORY: Please check if your child has had any of the following: Allergy: □ Medications □ □ Hayfever or itchy eyes Blood / Lymph: □ Unexplained lumps □ Easily bruises or bleeds □ Anemia □ High blood pressure Cardiovascular: □ Easily tires □ Shortness in breath □ Fainting □ Heart disease or murmur Constitutional / Endocrine: □ Fevers/chills □ Excessive sweating □ Weight loss or gain						
Eyes: Disease/injury Squinting Crossing Eyes Gazing						
Ear/Nose/Throat: □Congestion □ Difficulty hearing □ Mouth Breathing/snoring □ Bad breath □ Frequent runny nose						
Problems with teeth/gums (sores)						
Gastrointestinal: Nausea/diarrhea Constipation Blood in bowel movement Abnormal thirst/appetite						
Genitourinary: □ Bedwetting □ Frequent/painful urination □ Discharge: penis or vagina Muscular/Skeletal: □ Muscle/joint pain □ Spine curvature						
Neurological: □ Headaches □ Weakness □ Clumsiness						
Psychiatric: Speech problems Anxiety/Stress Trouble sleeping Depression Behavior						
Respiratory:				r.mg — D0	Pression — Bei	
Skin: Burns Birthmarks Disease Rashes Unusual moles						