

MEDICAL HISTORY – PATIENT'S 18 AND YOUNGER

PATIENT'S NAME _____ DOB _____ DATE _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS?

CONDITION	YES	NO	CONDITION	YES	NO
Eye Problems			Hepatitis (Vaccine)		
Ear Infections			Constipation/Diarrhea		
Hearing Problems			Black or Bloody Stools		
Throat Infection, Tonsil, Sinuses			Kidney Infection		
Croup			Arm Problems		
Thyroid Disease			Scoliosis/Back Problems		
Bronchial Asthma			Seizures or Epilepsy		
Pneumonia			Attention Disorder		
High Blood Pressure			Anemia		
Rheumatic Fever			Measles/Mumps/Rubella/Chicken Pox		
Unusual Weight Gain/Loss			Poisoning		
Stomach Problems			Rash/Hay Fever/Hives		
Hear Murmur			Bow leg/Knock Knee/Leg Pain		
Diabetes			Bladder/Kidney Problems		

Are you on any special kind of diet? _____ Are you immunizations up to date: Yes or No
 Born by: Vaginal _____ C-Section _____ Did you have new born problems:
 Infection ___ Jaundice ___ Poor feeding ___
 Lung or heart problems ___ Other _____

Did mom have any problems with the pregnancy? _____
 Was child discharged the same time as mom? _____
 How many siblings do you have? Brothers ___ Sisters ___ Are they healthy? _____
 If any problems explain _____

Does anyone in your family have any of the following?
 Heart Disease _____ Cancer _____ High Blood Pressure _____ Seizures _____
 Kidney Disease _____ Diabetes _____ Rheumatoid Arthritis _____ Kidney Disease _____
 High Cholesterol _____

Are you taking any medication at the present time: Circle Answer Yes No
 Do you smoke: Yes No Do you drink? Yes No

Are you allergic to any type of medication or have any other allergies? _____
 Do you have a pet in the house with you? _____ Does that pet sleep with you? _____

Were you hospitalized for any injury requiring a doctor's care? _____
 Have you had surgery on any of the following: Tonsils ___ Adenoids ___ Appendix ___ Ear Tubes ___

Are you seeing any specialists? _____

Adolescent Female Only: Date of first menstruation? _____ Regular ___ Irregular ___
 Are menstruations painful? _____