

Child's Medical History - Page 1 of 2

Date: _____

Child's Name _____ Birthdate _____ Age _____

Mother's Name _____ Father's Name _____

Siblings (Names and ages) _____

Legal Guardian (if other than parents) _____

Who does child live with? _____

Is this child adopted? _____ A foster child? _____

Birth history: At how many weeks of pregnancy was child born? _____ Birth weight _____

Type of delivery: Vaginal _____ C-section _____ Type of anesthesia _____

List any complications/problems experienced by the mother or infant during pregnancy or delivery:

Does this child have any food allergies? Y / N What? _____

List any **hospitalizations, operations, or procedures** your child has had:

Date	Reason for hospitalization, or name of operation/procedure

Has your child had any of the following conditions? Check all that apply

Seasonal allergies	Eczema	Frequent strep throat
Asthma	Lead poisoning	Depression
Heart murmur	ADD/ADHD	Eye problems
Urinary tract infection	Learning disability	Frequent ear infections
Frequent stomach pain	Constipation	Frequent/severe headaches
Seizures	Bed wetting (over age 6)	Sickle cell anemia

Please list any other illness, conditions, problems or concerns not listed above: _____

List any **medicine** your child takes on a regular basis (include over the counter and herbals)

Medication	Dose	How often?

Is your child **allergic to any medications?** Y / N _____ Please list _____

Does your child have a **latex allergy?** _____

Are your child's **immunizations** up to date? _____ (Please provide copy)

Does anyone your child lives with smoke cigarettes in the home? _____

Family History Please note any family history of the following conditions and write down their relationship to your child (parent, brother/sister, aunt/uncle, grandparent, cousin).

Seasonal allergies	Kidney disease
Bleeding problems	Thyroid disease
Asthma	Sickle cell trait/disease
Cystic fibrosis	Seizures
Heart disease	Mental illness/depression
Heart attack before age of 50	Arthritis
High cholesterol	High blood pressure
Diabetes	Urinary tract infection (in a child)

Please note any other important family history not listed above: _____

Please note any other concerns you have about your child: _____
