

# Pediatric Health History

(age 13 or less)

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Child's pediatrician \_\_\_\_\_

What are your major concerns about your child's health? \_\_\_\_\_

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When did the symptoms first appear? \_\_\_\_\_

How long do they last? \_\_\_\_\_

Did mother have any problems while pregnant with this child? (toxemia, high blood pressure, diabetes, anemia, yeast infections, premature labor etc.) \_\_\_\_\_

Vaginal or cesarean (circle one)? Length of labor \_\_\_\_\_ Baby's position during labor \_\_\_\_\_

Birth weight \_\_\_\_\_ Length \_\_\_\_\_ Vacuum or forceps used (circle)? How long before baby latched \_\_\_\_\_

Problems for baby in delivery \_\_\_\_\_

Did you breast feed? (circle one) Yes No If yes for how long? \_\_\_\_\_

Spitting up: none mild moderate severe (circle) If so, for how long? \_\_\_\_\_

At what age did your child first eat solids (baby food)?

Cereal \_\_\_\_\_ months

Vegetables \_\_\_\_\_ months

Fruits \_\_\_\_\_ months

Juices \_\_\_\_\_ months

Cows milk \_\_\_\_\_ months

Does, or did your child have any problems with food or formulas? Which ones, what kind of symptoms?

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Please list what is typically eaten for (include beverages):

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

Medications your child is using now (include vitamins, food supplements, herbs, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

DRUG ALLERGIES and symptoms

\_\_\_\_\_  
 \_\_\_\_\_

Does the child spend time around smokers? \_\_\_\_\_

Surgical history \_\_\_\_\_

	Father	Mother	Brother	Sister	Paternal Grand father	Paternal Grand mother	Maternal Grand father	Maternal Grand mother
Age if living								
Age at death								
Cause of death								
Type of work								
Allergy								
Cancer								
Diabetes'								
Heart disease								
High blood pressure								
Thyroid								
Arthritis								
Other								

Comments

SKIN	Yes NOW	Yes in Past	No	Comments
Seborrhea, dandruff				
Hives				
Fungus				
Ears nose throat				
Stuffy nose				
Nose bleeds				
Mouth sores				
Sore throat				
Ear infections				
Fluid behind ears				
Ear tubes				
Sensitivity to noise				
Eyes				
Itchy watery				
Red				
Dark circles under				
Head				
Headaches				
Migraine				
Sinusitis				
Chest				
Cough				
Asthma				
Wheezing				
Croup				
Bronchitis				
Mouth breathing				
Abdomen				
Belching				
Gas				
Stomach aches				
Nausea				
Vomiting				
Constipation				
Cramping				
Diarrhea				
Colic				
Anal Itching				

	Yes NOW	Yes In PAST	No	Comments
Urinary				
Bedwetting (after trained)				
Daytime wetting				
Burning with urination				
Skeletal				
"Growing pains"				
Arthritis				
Muscle cramps				
Neurology				
Hyperactive				
Impulsive				
Short attention				
Learning disabilities				
Mood swings				
Nightmares				
Behavior problems				
Depressed				
Seizures				
Allergy / Miscellaneous				
Fatigue				
Weight gain/ loss				
Hypoglycemia				
Worse indoors				
Worse outdoors				
Worse in spring				
Worse in summer				
Worse in fall				
Worse in winter				
Worse When dry				
Worse when damp				
Worse with rain				
Better with rain				
Worse with pollution				
React to dogs				
React to cats				
Worse in car				

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