



Patient Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Medical History Information

**Allergies – Medications, foods, or environmental**

No Known Drug Allergies       No Known food/environmental allergies

Item	Reaction

**Birth History:**

Birth Weight \_\_\_\_\_ lbs \_\_\_\_\_ oz       Full Term     Premature, week \_\_\_\_\_

Vaginal     C-Section       No Complications     Complications: \_\_\_\_\_

**Is your child up to date on vaccines?**     Yes       No, describe: \_\_\_\_\_

**What medical problems has your child had in the past?** Please include chronic illnesses, birth complications, developmental concerns, surgeries (including ear tubes, tonsillectomy etc), serious injuries, or hospitalizations.

Generally well with no chronic illnesses, serious injuries, developmental delays, surgeries, or hospitalizations.

**Family history.** Please circle any conditions that a parent, sibling, or immediate family member has experienced and indicate the individual’s relationship to your child.

Condition	Relationship to child
Allergies	
Asthma	
Eczema	
Murmur	
Heart Disease/High Blood Pressure	
Kidney Disease	
Diabetes	
Thyroid Disorder	
ADHD/Mood Disorder	
Cancer	
Other (specify)	

**What symptoms is your child currently/recently experiencing?**

- Fever \_\_\_\_\_  Change in appetite/thirst  Change in Energy Pattern  Change in mood  
 Eye drainage  Watery eyes  Vision problems  
 Ear pain/tugging ears  Hearing problems  Sore Throat  Hoarse voice  
 Runny nose  Sneezing  
 Cough  Trouble breathing  Wheezing  
 Chest pain  Murmur/irregular heart beat  
 Abdominal pain  Vomiting  Diarrhea  Constipation  Blood in stool  
 Painful urination  Change in urinary pattern  Blood in urine  
 Headache  Dizziness

Other:

**Please list any current medications, supplements, or vitamins your child takes regularly.**

**Please list your preferred pharmacy in the event that a prescription is required (name of pharmacy and road name or phone number):**

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**Who lives in your home?** [Please list sibling names and ages, if applicable]:

**What else should we know about your child/family?**