

Health History Information

Wheaton Pediatrics, Ltd.

Today's date: _____

Patient's Name _____ Male ___ Female ___ Date of Birth _____

Place of Birth _____ Hospital Home Other _____

Parent or Guardian's Name _____ Biologic Adoptive Foster Parent Other _____

Prior physician's and location/s of office/s _____

GENERAL HEALTH HISTORY:

- Medications-Please list all medications your child is currently taking.

- Allergies/Sensitivities-Please list all allergies, how your child reacts, and when each allergy started.

- Family Health:

Please give the following information about your child's immediate family:

<u>Relationship</u>	<u>Age, if living</u>	<u>Age at death</u>	<u>State of Health or cause of death</u>
Father.....	_____	_____	_____
Mother.....	_____	_____	_____
Siblings (please state name and if M or F)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any blood relatives had any of the following illnesses? If so, indicate relationship to the child.

<u>Illness</u>	<u>Family Members</u>	<u>Illness</u>	<u>Family Members</u>
Asthma.....	_____	Rheumatoid Arthritis.....	_____
Hay fever, Eczema.....	_____	High Blood Pressure.....	_____
Other allergies.....	_____	Heart Disease/Attacks...	_____
Diabetes.....	_____	High Cholesterol.....	_____
Cancer.....	_____	Thyroid Disease.....	_____
Blood disease/Bleeding Tendencies	_____	Mental Retardation.....	_____
Seizure disorder/epilepsy.....	_____	Mental Disease/Disorder/Depression	_____
Birth Defects.....	_____	SIDS/Crib death.....	_____
Tuberculosis.....	_____		
Other.....	_____		

- HOSPITALIZATIONS, SURGERIES, INJURIES:

Please list all times, if any, that your child has been seriously ill, injured, hospitalized/or operated on.

<u>Year</u>	<u>Operation, Illness, Injury</u>	<u>Hospital/City, if applicable</u>

Patient's Name _____ Date of Birth _____

• IMMUNIZATIONS:

To your knowledge, are your child's immunizations up to date? Yes No

**Please obtain a copy of your child's previous record's for our chart.

PRENATAL, DELIVERY, AND POSTNATAL INFORMATION:

Prenatal Care?..... Yes No When was it started? _____

Any illness during pregnancy?..... Yes No If yes, describe _____

Was baby born on time?..... on time early _____ late _____

Birth Weight..... lbs. _____ oz.

Apgar Scores, if known.....

How delivered..... vaginal C-section

Any complications?.....

How was baby's health during its first week?..... excellent good fair poor

If problems, circle from following description..... blue - jaundiced (yellow) - breathing problem

Oxygen used - infection - birth defect

Transfusion - other _____

If the baby was jaundiced, was treatment needed (bili blanket)? Yes No

Did the baby remain in the hospital longer than mom?..... Yes No If yes, please elaborate _____

CHILD'S HEALTH PRIOR TO THIS VISIT, if applicable:

Has your child been seen at regular intervals by a physician/nurse practitioner? Yes No

Breastfed? If so, how long?..... Yes _____ No

If no, what formula, how long and any problems? _____

Please circle applicable problems in infancy from the following..... Colic - feeding problems - rashes

Excessive crying - spitting up

Diarrhea - nasal congestion

Other _____

Please circle applicable problems in childhood from the following... Chronic colds - ear infections - croup

Asthma - strep throat - anemia

Eczema - stuttering - ADHD

Discipline problems - dental problems

Other _____

Has your child had chickenpox?..... Yes No Date _____

How would you categorize your child's development? At least normal Delayed If delayed, please elaborate _____

Does your child have any feeding or nutritional problems?..... Yes No

If yes, please elaborate _____

What kind of water does your child drink? City Well Regular bottled Bottled nursery water

Does your child take vitamins of any kind? Yes No If yes, please elaborate _____

Is there any other information you would like us to know about your child?

Thank you for completing this questionnaire.

Parent/Guardian signature: _____

Physician/Nurse Practitioner Notes: