

PERSONALCARE PEDIATRICS
 PATIENT & FAMILY HISTORY-

OP _____

CHILD'S NAME:	
DOES YOUR CHILD HAVE ALLERGIES TO:	IF YES EXPLAIN
Medications	
Animals	
Foods	
Inside Allergens	
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:	IF YES EXPLAIN
Serious injuries or accidents	
Surgeries	
Hospitalizations	
Any specialist seen	
(AI) Allergic rhinitis or other allergy	
(AI) Asthma, bronchitis, bronchiolitis, pneumonia or croup	
(AI) Animal allergy	
(AI) Indoor allergy	
(AI) Outdoor allergy	
(CV) Heart problems or heart murmur	
(DERM) Chronic or recurrent skin problems "Acne, eczema, etc."	
(ENDO) Diabetes	
(ENDO) Thyroid or other endocrine problems	
(ENT) Frequent ear infections or sinus infections	
(ENT) Pharyngitis/tonsillitis	
(ENT) Problems with ears or hearing	
(EYE) Conditions/Corrective Lenses	
(GI) Constipation requiring doctor visits	
(GI) Abdominal pain/GER	
(GU) Bed-wetting (after 5 years of age)	
(GU) Bladder or kidney infection or other Urologic problem	
(GYN) If female, any problems with periods?	
(GYN) If female, have menstrual periods started?	
(HEME) Anemia or bleeding problem	
(HEME) Blood transfusion	
(ID) Chickenpox	
(ID) Other infectious illnesses	
(NEURO) Seizures, developmental delays, ADD/ADHD or other neurological disorder	
(NEURO) Frequent headaches	
(ORTHO) Orthopedic problems	
(PSY) Emotional problems	
(PSY) Mental health concerns	
(PSY) Use of alcohol or drugs	
(Z) Other significant problems	



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Do these diseases run in your family?	Give person affected- only go as far back as child's grandparent...please specify maternal or paternal grandparent
Nasal allergies or other allergies	
Snoring or history of sleep apnea	
Asthma/lung disease	
Unexplained death before age 55 or single car accident	
Heart disease or heart condition	
High blood pressure	
High cholesterol	
Diabetes or endocrine problem	
Cancer	
Anemia	
Bleeding problems	
Epilepsy or convulsions	
Mental retardation or developmental disorders	
Neurological disorder including ADD/ADHD	
Liver disease	
Other GI disease or disorder	
Kidney disease	
Bed-wetting (After the age of 10)	
Hearing impairment	
Vision impairment or eye disorder	
Immune problems, recurrent infections, other/AIDS	
Alcohol abuse	
Drug abuse	
Mental illness	
Tuberculosis	
Other Pertinent Conditions	
SOCIAL HISTORY	GIVE DETAILS
Who does child live with? -Mom, dad, siblings, etc... Family members living in home with serious illness such as cancer, HIV or other illness that weakens immune system	_____
Attends Day Care	
Siblings	
Pets	
Does anyone smoke in the child's home	
BIRTH HISTORY	GIVE DETAILS
Name of hospital child was born in	
Full term or Preterm---- NSVD or C-Section	
Did he or she stay in the NICU?	
If yes, WHY?	
Was your child treated for jaundice?	
How much did your child weigh at birth?	

