GILBERT PEDIATRICS
HISTORY TO BE COMPLETED BY PARENT

_____ DATE_____

CHILD'S FULL NAME

BIRTH HISTORY-
Birthdate_____Birth Weight_____
Place of Birth_____
Describe any difficulties during pregnancy/labor/delivery:_____
_____
What medications were taken during pregnancy?_____
_____
Alcohol/Tobacco?_____
Was this child born on time?_____
Vaginal or C-Section delivery?_____
_____
Describe any problems this baby had at birth:_____
_____
Did mother and baby leave the hospital together?_____
If not, explain:_____
_____

CHILD'S HEALTH HISTORY-
Is your child generally in good health?_____
List child's current health problem
_____
_____
List all hospitalizations and operations:_____
_____
List all other serious injuries:___
_____
_____

Please list who in your family (including your child's brothers and and sisters, parents and grandparents) has had any of these problems. If this problem is not in the family, leave it blank. Please write in the relationship to this child - not you:
asthma/allergies_____
blood disease/bleeding tendency__
_____
cancer_____
diabetes_____
epilepsy/convulsions_____
heart disease_____
high blood pressure_____
mental illness_____
birth deformity_____
high cholesterol_____

Has your child ever had:
Circle one:
Yes No a broken bone?
Yes No head injury or loss of consciousness?
Yes No repeated ear infections?
Yes No pneumonia?
Yes No asthma?
Yes No allergic skin rash?
Yes No allergy testing?
Yes No allergic reaction to food?
Yes No allergic reaction to medication?
Yes No convulsions or seizures?
Yes No diabetes?
Yes No meningitis?
Yes No chicken pox?
Yes No mumps?
Yes No strep throat?
Yes No reaction to immunizations?
Yes No bladder or kidney infections?
Yes No positive TB test?
Yes No positive Valley Fever skin test?
Yes No bedwetting(if older than 6yr
Yes No hearing problems?
Yes No vision problems?
Yes No learning disability?
Yes No heart murmur?
Yes No Has your child ever swallowed anything harmful?
If yes, what was swallowed and at what age?_____
_____
List Name, Age and Sex of brothers and sisters_____
_____
_____
_____
_____
_____
_____
_____
_____

List child's current medications:_____
_____
_____
_____

At what age did child walk alone?_____
_____
What words did child say by 18 months of age?_____
_____
_____