Parkway Pediatrics

Pediatric (>12 mos) Health History Form—Initial Visit

Child's Name _____
Your Name _____

Child's DOB_____ Today's Date_____
Relationship to Child _____

Child's Past Medical History

Pregnancy/Neonatal Period

Is the child yours by ☐birth ☐adoption ☐stepchild ☐other
Delivery: ☐ vaginal ☐C-section
Was your child premature? ☐No ☐Yes, born at ____weeks
Birth weight_____ Length_____
Other problems in the newborn period
_____

Infancy/Childhood/Adolescence

Has your child ever been treated or diagnosed with: (explain)

- ☐ Asthma or reactive airway disease _____
- ☐ Wheezing or bronchiolitis _____
- ☐ Seasonal allergies _____
- ☐ Eczema _____
- ☐ Food allergy _____
- ☐ Recurrent ear infections _____
- ☐ Pneumonia _____
- ☐ Urinary tract infections _____
- ☐ Seizures _____
- ☐ Anemia _____
- ☐ Broken bone /concussion _____
- ☐ Depression/anxiety _____
- ☐ Heart murmur _____
- ☐ Constipation _____
- ☐ Chicken pox _____
- ☐ Attention Deficit Disorder _____
- ☐ Other chronic medical conditions _____

Has your child ever been hospitalized? ☐No ☐Yes
(explain) _____
Previous surgeries and dates _____
_____
Please list any specialist your child has seen, dates and reason: _____
ALLERGIES to medicine/vaccines (list and describe reaction) _____
Current medication(s) and dose: _____
_____
_____

Social History

Who lives in the child's household?
☐ Mom ☐ Dad ☐ Step___ ☐Siblings (# ___)
☐ Grandparents ☐ Other _____

Child's parents are ☐ married ☐ unmarried ☐divorced
☐ other _____

Family History

Do any family members have any of the following conditions:

Condition	Mother	Father	Brother	Sister
Asthma				
Allergies				
Anemia				
Blood Disorder				
Cancer				
High Cholesterol				
High blood pressure				
Heart attack/disease				
Diabetes				
Thyroid disease				
Seizures				
Migraines				
Autism				
Depression/anxiety				
Alcoholism				
ADD/ADHD				
Other issues				

Please explain all positives:
_____
_____
_____

Development/Nutrition

Did/does your child have delayed development?
☐No ☐Yes _____

What grade is he/she in _____

Has he/she had any trouble in school?☐ No ☐Yes

Do any foods disagree with him/her? ☐No ☐Yes

Which ones? _____