UNIVERSITY FAMILY MEDICINE CENTER, P.A.
Pediatric Medical History

Patient Name_____ **Date of Birth**_____

(1) PREGNANCY AND BIRTH: (Fill out if child is under 6 years of if pertinent)
Circle any problems during pregnancy:

Rh factor Anemia High Blood Pressure Toxemia Viral Illness Diabetes
Other_____

Labor and Delivery: Normal Difficult Breech Forceps C-Section Explain:_____
Birth weight:_____ Length:_____ Was child Term, Pre-term or Post- term? _____

Circle any complications of birth: Cyanosis (blue) Required Oxygen Jaundice Required Bili Lights
Complications? _____
Breast fed or bottle? _____ Type of formula _____ Unusual feeding problems_____

(2) FAMILY HISTORY: Circle if any family members (including grandparents, aunts, uncles) have any of the following:

Asthma	Bleeding Disorders	High Blood pressure	Muscular Dystrophy	Other
Alcohol Problems	Blood vessel Disease	Heart Disease	Seizures	_____
Allergies	Cancer	High Cholesterol	Strokes	_____
Anemia	Cystic Fibrosis	Leukemia	Suicide/ Depression	_____
Arthritis	Diabetes	Mental Illness	Tuberculosis	_____

	Name	Age	Heath Problems (Specify)
Father			
Mother			
Siblings			

(3) MEDICAL ILLNESS: Please circle if the child now has or in the past had any of the following:

Allergies	Broken Bones	Recurrent Tonsillitis	Hospitalizations	_____
Anemia	Chicken Pox	Recurring Ear Infections		_____
Asthma	Headaches	Rheumatic Fever		_____
Bladder Infection	Heart Murmur/Defects	Seizures		_____
Previous Surgery:				
Tonsillectomy	Adenoidectomy	Appendectomy	Tubes in ears	Other_____

(4) ALLERGIES: Circle any allergies this child has.

None Known	Ceclor	Penicillin	Ampicillin
	Erythromycin	Sulfa	Theophyllin

Other _____

(5) MEDICATIONS: List all medications child takes including Vitamins, Fluoride and Iron:
_____

(6) SOCIAL HISTORY:
Does child smoke? _____ How much? _____ Is child exposed to tobacco smoke at home? _____
Does child have any history of alcohol or drug abuse? _____
Does child participate in sports? _____
Who is child's Dentist? _____ Date of last visit _____ Dental Problems _____

PLEASE PROVIDE LIST OR COPY OF IMMUNIATION RECORD