# MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Date:</th>
<th>Patient’s Name:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Visit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Doctor:</td>
<td>Referring Doctor (if different):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full term?</th>
<th>If premature, how many weeks gestation?</th>
<th>Birth Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Any complications during pregnancy or delivery?</td>
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</tbody>
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Please list everyone the child lives with at home:

What grade is your child in and what are his/her typical grades?

### VACCINATIONS:

- Up to date? Yes or No (circle one) | Date of last vaccination:

### MEDICATIONS:

Please list all current medications including prescription and over the counter medications.

### ALLERGIES:

- Allergies to medications?
- Food or other types of allergies?
- Type of reactions?

### MEDICAL HISTORY:

(List all prior hospitalizations, surgical procedures, and serious illnesses)

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Does your child have a history of (circle all that apply or select “none” below):

#### GENERAL

- Exercise intolerance
- Sweats a lot
- Sweats while breast feeding or bottle feeding
- Face turning blue in color
- None

#### NEUROLOGICAL

- Seizures
- Frequent headaches
- Dizziness or passing out
- None
| **EYES, EARS, NOSE** | o Vision problems  
o Use corrective lenses  
o Frequent ear or sinus infections, recurrent Strep throat  
o None |
|---------------------|--------------------------------------------------|
| **PULMONARY** | o Chronic wheezing or cough  
o Frequent pneumonia  
o Shortness of breath with minimal exertion  
o Difficulty breathing or rapid breathing  
o Asthma  
o None |
| **CARDIAC** | o Chest pain with exercise  
o Rapid heart rate or palpitations  
o None |
| **GASTROINTESTINAL/GENITOURINARY** | o Frequent nausea or vomiting  
o Frequent diarrhea  
o Frequent urinary infections  
o None |
| **HEMATOLOGIC** | o Easy bruising  
o Abnormal bleeding  
o None |
| **MUSCULOSKELETAL/SKIN** | o Frequent joint pain or swelling  
o Recent trauma  
o Loose joints  
o Rashes or skin discoloration  
o None |

**FAMILY HISTORY (circle all that apply or select “none” below):**
- o Babies born with heart disease or children who had heart surgeries
- o Sudden or unexplained deaths in a child, teenager, or young adult
- o Heart attack in someone before 50 years of age
- o High blood pressure before 50 years of age
- o Pacemaker placement in a child, teenager, or young adult
- o Abnormal heart rhythms
- o Syndromes such as Wolff-Parkinson-White, Long QT syndrome, Romano-Ward, Williams syndrome, Marfan syndrome, or DiGeorge syndrome
- o Congenital deafness
- o None