

# PATIENT HISTORY

(Newborn and Older)



Pediatric Health Care Alliance, P.A.

Your Child's Medical Home™

Today's Date: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX:  M  F

## HOME & SCHOOL

Who lives at home? \_\_\_\_\_

If age appropriate does your child attend:  Daycare  Preschool  Elementary school or higher  None of the above

Name of School/Preschool/Daycare: \_\_\_\_\_

If none, who cares for your child[ren] during the day? \_\_\_\_\_

## ILLNESSES

Have there been any hospitalizations?  Y  N

Have there been any major medical problems?  Y  N

Any childhood illnesses? (ex: chickenpox, measles, etc.)  Y  N

Fracture or other injury?  Y  N

If yes, please describe: \_\_\_\_\_

## GENERAL HEALTH

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

## REVIEW OF SYSTEMS

Has she/he had frequent problems with any of the following (please check and/or write in all that apply):

**Head-** Headaches, dizziness, injury, other: \_\_\_\_\_

**Eyes-** Vision problems, infection, pain, other: \_\_\_\_\_

**Ears-** Hearing problems infections, pain, other: \_\_\_\_\_

**Nose-** Frequent stuffiness, easy bleeding, other: \_\_\_\_\_

**Mouth-** Tooth decay, poor bite, other: \_\_\_\_\_

**Throat-** Frequent sore throat, trouble with swallowing, other: \_\_\_\_\_

**Neck-** Stiffness, swelling, swollen glands, other: \_\_\_\_\_

**Chest-** Deformity, pneumonia, cough, asthma, other: \_\_\_\_\_

**Heart-** Chest pain, blue color, shortness of breath, murmur, rheumatic fever, other: \_\_\_\_\_

**Abdomen-** Vomiting, frequent pain, diarrhea, constipation, other: \_\_\_\_\_

**Urinary-** Pain on voiding, voiding frequently, bed wetting, other: \_\_\_\_\_

**Skin-** Rash, infection, other: \_\_\_\_\_

**Neurological** Development problems, seizures, meningitis, other: \_\_\_\_\_

**Endocrine-** Weight gain/loss, intolerance to heat/cold, thirst, hair changes (thinning, falling out), other: \_\_\_\_\_

**Arms & Legs-** Deformity, abnormal walking, joint pain, joint swelling, other: \_\_\_\_\_

**Hematological-** Anemia, abnormal bleeding, other: \_\_\_\_\_