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PATIENT HISTORY FOR CHILDREN

CHILD'S NAME: _____ AGE: _____ DATE: _____

YES / NO

1. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:

- | | |
|---------------------------------|------------------------------|
| _____ Speech or Language Delay | _____ Regurgitation |
| _____ Hearing Loss | _____ Cough |
| _____ Delayed Motor Development | _____ Runny nose |
| _____ Mouth Breathing | _____ Neck mass |
| _____ Snoring | _____ Ear tugging |
| _____ Apneas (stops breathing) | _____ Noisy breathing |
| _____ Difficulty feeding | _____ Other (Please explain) |

2. Has your child ever been hospitalized?

For what reason?

3. Has your child ever had surgery?

Describe:

4. Did the child's mother have any complications, infections, or illnesses during her pregnancy with this child?

5. Was this child born premature, at term, or after term?

6. Was the child delivered vaginally (normally), with forceps, or by C-section?

If with forceps or C-section, why?

7. How soon after birth did your child go home from the hospital?

If after 3 days, why?

8. Has your child ever had:

- | | | |
|---------------------|----------------------|---------------------------|
| _____Pneumonia | _____Chicken pox | _____Hepatitis (jaundice) |
| _____Reflux | _____Measles | _____Diabetes |
| _____Tuberculosis | _____German measles | _____Seizures |
| _____Croup | _____Mumps | _____Cerebral Palsy |
| _____Whooping cough | _____Rheumatic fever | _____Bleeding problems |
| _____Cancer | | |

9. Does your child have any other medical problems?

10. Has the child or anyone with whom the child has been in contact traveled outside of the United States within the last year?

If so, where?

11. Has the child been exposed to anyone with Tuberculosis?

12. Are there any pets at home?

What kind?

13. Is your child taking any medications at this time?

If so, which medications and what dosage?

14. Is your child allergic to any medications?

If so, which and what reaction occurs?

15. Does your child have any brothers or sisters?

Do they have any medial problems? If so, describe.

16. Are there any medical problems that run in your child's family?

17. Who lives at home with the child?

18. Please list the name, address, and phone number of your child's pediatrician: