

InterCommunity School Based Health Centers

Pediatric Patient History

☐ New Patient	□ Establish	ned Patient To	oday's Date:			
Parent(s) Name						
Child's Full Name	Date of Birth Gender:					
Child's Medical History	☐ Unknown ☐ No Significant Medical History					
Current Medications:		Allergies to Medicines:		Reaction:		
current medications.		Anergies to medicines.		neaction.		
This child has been DIAGNOS	ED with:	Child's SURGERIES:	□None			
□ ADD/ADHD	Age:		Age:	□ Eye Surgery	Age:	
☐ Allergies/Hayfever	Age:	☐ Adenoidectomy	Age:	☐ Hernia Repair	Age:	
□ Anemia	Age:	□ Ear Tubes	Age:	☐ Tonsillectomy	Age:	
☐ Asthma	Age:	□ Other	_	,	7.ger	
□ Autism	Age:	□ Other				
☐ Bipolar Disorder	Age:					
☐ Bleeding/Blood Disorder	Age:	Child's HOSPITALIZATION	ONS:			
☐ Broken Bones - Details below	/:	Hospitalization		Ag	ge:	
	Age:			Ag		
☐ Cancer - Type:		I		Ag		
☐ Celiac Disease	Age:				ge	
☐ Chicken Pox	Vae.					
□ Constipation	Age:					
□ Depression	Age:	Please circle relationshi	•	CE Com Heathan 0 04h an		
☐ Developmental Delay	Age:		S=Siblings, GM=Grandmother,			
☐ Diabetes	Age:	Diagnosis of Relative	Relationship to child	Diagnosis of Relative	Relationship to child	
☐ Frequent Ear Infections	Age:	□ ADD	M F S GM GF O	☐ High Blood Pressure	M F S GM GF O	
☐ Stomach/Bowel Disorder	Age:	☐ Allergies	M F S GM GF O	☐ High Cholesterol	M F S GM GF O	
☐ Headaches/Migraines	Age:	☐ Anemia	M F S GM GF O	☐ Learning Disability	M F S GM GF O	
☐ Heart Conditions	Age:					
☐ Infectious Diseases	Age:	☐ Asthma	M F S GM GF O	☐ Mental Retardation	M F S GM GF O	
☐ Learning Disability	Age:	☐ Autism	M F S GM GF O	☐ Psychiatric Illness	M F S GM GF O	
□ Pneumonia	Age:	☐ Blood Disorder/ Sickle	Cell M F S GM GF O	(Depression, Addiction	n, etc.)	
☐ Scoliosis (curved spine)	Age:	☐ Cancer	M F S GM GF O	☐ Seizures/Epilepsy	M F S GM GF O	
☐ Seizures/Epilepsy	Age:			,		
☐ Sickle Cell Anemia	Age:	☐ Celiac Disease	M F S GM GF O	☐ SIDS (crib death)	M F S GM GF O	
☐ Stomach Problems	Age:	☐ Diabetes	M F S GM GF O	☐ Stroke before age 55	M F S GM GF O	
☐ Skin Issues ☐ UTI/Bladder Infections	Age:	☐ Stomach/Bowel Disord	der MFSGMGFO	☐ Sudden Death before a	age 55 MFSGMGFO	
□ Other	Age: Age:	☐ Heart Disease before a	ge 55 M F S GM GF O	□ Other	M F S GM GF 0	
	Age					
Social/Environmental						
Child lives with:		Adopted □		Other		
\square Parent(s): \square Together	☐ Apart	Smokers live in hor	me with child? \square Yes \square No			
☐ Mother		Child attends day o	are? □ Yes □ No			
☐ Father		Pets in the home?	□ Yes □ No			
☐ Relative		Well water?	□ Yes □ No			
□ Other		Home built before	1960? □ Yes □ No			
Complete below section if child is less than five years old or if there was a significant/complicated pregnancy history.						
Pregnancy/Birth History: Check all that apply Pregnancy Complications				Medications		
. 3		☐ Infections ☐ Diabetes	□ Pre-eclampsia			
Weeks of pregnancy		☐ Multiple Births				
Birth weight		□ Other				
□C-section Birth/Newborn Com		Birth/Newborn Complica		During pregnancy, the child's mother:		
		☐ Premature? How early?	☐ Premature? How early?		Smoked? How much?	
□ Vaginal		□ NICU stay? How long?		□ Drank alcohol? How much?		
Other						