Centennial Valley PEDIATRICS

400 S. McCaslin Blvd. #103, Louisville, CO 80027 & 3140 Village Vista Drive #104, Erie, CO 80516
Phone 303-666-7337 • Fax 303-666-7379

Please print, complete and bring to your appointment

Pediatric Health History Form

Date: _____

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

Present Health Concerns: _____

_____

Medicines/Vitamins: _____

Herbs/Home Remedies: _____

Allergies/Reactions to Medications or Vaccinations: _____

_____

Past Medical History: Please describe any major medical problems (Asthma, Seizures, Heart Problems, Diabetes, etc)

_____

_____

_____

Hospitalizations/Operations: _____

_____

Broken bones or severe sprain: _____

Dental History: Has child been seen by a dentist? ◯ No ◯ Yes If yes, how often? _____ Date of last visit_____

Immunizations: Please bring your child's complete immunization record with you.

Immunizations up to date? ◯ Yes ◯ No

Infectious Diseases: Has your child had any of the following?

- ◯ Chicken Pox – month and year of illness _____
- ◯ Measles
- ◯ Mumps
- ◯ Rubella
- ◯ Tuberculosis
- ◯ Pertussis/Whooping Cough
- ◯ Meningitis
- ◯ Other

Pediatric Health History Form, continued

Family/Social History

Who lives at home?

Name	Age	Relationship

Do both natural parents live at home? ◯ Yes ◯ No

Exposures/Habits:

Does anyone in the home smoke? ◯ Yes ◯ No

Are there any pets in the home? ◯ Yes ◯ No

Any concerns about lead exposure? ◯ Yes ◯ No

Pregnancy and Birth

Where was your child born? _____

Is the child yours by: ◯ Birth ◯ Adoption ◯ Stepchild ◯ Other: _____

Please indicate any medical problems during pregnancy: _____

_____

Delivery by: ◯ Vaginal birth ◯ Cesarean If Cesarean, why? _____

_____

Birth Weight: _____ Birth Length: _____ APGAR score 1 min _____ 5 min _____

If premature, how early? _____

Please indicate any medical problems during the baby's newborn period _____

_____

REVIEW OF SYSTEMS

Please "X" any current problems your child has on the list below:

Constitutional

_____Fever/chills/excessive sweating

_____Unexplained weight loss/gain

Respiratory

____ cough/wheeze

____ chest pain

Allergy

_____Hay fever/itchy eyes

Eyes

_____Squinting/crossed eyes

_____Asymmetric gaze

Gastrointestinal

_____Nausea/vomiting

_____Diarrhea

_____Constipation

_____Blood in Stool

Neurological

_____Headaches

_____Weakness

_____Clumsiness

_____Seizures

Ear/Nose/Throat

_____Unusually loud voice

_____Hard of hearing

_____Mouth breathing/snoring

_____Bad breath

_____Frequently runny nose

_____Problems with teeth/gums

Genitourinary

_____Bedwetting

_____Pain with urination

_____Discharge (penis/vagina)

Psychiatric/Emotional

_____Anxiety/Stress

_____Depression

_____Speech problems

_____Sleep problems

_____Nail biting/thumb sucking

_____Bad Temper

Cardiovascular

_____Tires easily with exertion

_____Shortness of breath

_____Fainting

Musculoskeletal

_____Muscle/joint pain

Skin

_____Rashes

_____Unusual moles

Lymph/Blood

_____Unexplained lumps

_____Easily bruising/bleeding

Medical Condition	Mom	Dad	Sister	Brother	Mom's Mom	Mom's Dad	Mom's Sister	Mom's Brother	Dad's Mom	Dad's Dad	Dad's Sister	Dad's Brother
Dermatology												
Eczema												
Hearing Disorder												
Environmental Allergies												
Food Allergies												
Respiratory												
Asthma												
Tuberculosis												
Cardiovascular												
Hypertension												
High Cholesterol												
Heart Disease												
Stroke												
Congenital Heart Defect												
Gastrointestinal												
Gallstones												
Irritable Bowel												
Ulcerative Colitis												
Crohn's												
Pyloric Stenosis												
GERD												
Renal Disorders												
Polycystic Syndrome												
Urology												
VU Reflux												
Gynecology												
Rheumatology												
Rheumatoid Arthritis												
Lupus												
Endocrinology												
Diabetes, Type I												
Diabetes, Type II												
Thyroid												
Orthopedic												
Congenital Hip Dysplasia												
Hematology												
Anemia												
Bleeding Disorder												
Cancer												
Immunology												
Neurology												
Headaches												
Epilepsy												
Developmental Delay												
Psychiatric												
ADD												
Depression												
Genetic												
Congenital anomaly												
Death before age 56 for reason not listed above												
Other												
Other												
Other												
Other												