

**Kiddie West Pediatric Center  
Patient Medical History Form**

**Child's Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Drug Allergies** \_\_\_\_\_

Current Medications	Dosage	Times/Day

**Social History (circle all that apply)**

Child lives with: Both parents Mom Dad Step Mom Step Dad Adoptive Parents  
 Foster Family Maternal Grandparents Paternal Grandparents Guardian  
 Other (specify) \_\_\_\_\_

Smoking in house Y N Guns in house Y N  
 Pets in house Y N What kind of pet(s) \_\_\_\_\_

**Birth History**

Term or Preterm (<37 weeks) \_\_\_\_\_ Type of Delivery (vaginal or c-section) \_\_\_\_\_  
 Complications at delivery or shortly after birth: \_\_\_\_\_  
 \_\_\_\_\_

**Hospitalizations:** If your child has been in the hospital overnight – state the year- illness/operation  
**Year/Illness/Operation**

\_\_\_\_\_  
 \_\_\_\_\_

**Past Medical History**

Has your child ever had the following (circle yes or no, leave blank if uncertain)

ADD/ADHD	Y	N	Intestinal Disease	Y	N
AIDS or HIV	Y	N	Jaundice	Y	N
Anemia	Y	N	Kidney Disease	Y	N
Asthma	Y	N	Learning Disability	Y	N
Allergies	Y	N	Liver Disease	Y	N
Apnea	Y	N	Mental Retardation	Y	N
Arthritis	Y	N	Mental Illness	Y	N
Bladder infections	Y	N	Menstrual Abnormalities	Y	N
Bleeding Tendency	Y	N	Pneumonia	Y	N
Bone or Joint Disease	Y	N	Rheumatic Fever	Y	N
Bronchitis	Y	N	Seizure Disorder	Y	N
Bronchiolitis	Y	N	Sleep Disturbance	Y	N
Cancer	Y	N	STD	Y	N
Cerebral Palsy	Y	N	Thyroid Disease	Y	N
Chicken Pox	Y	N	Transfusions	Y	N
Constipation	Y	N	Tuberculosis	Y	N
Developmental delay	Y	N	Ulcer	Y	N
Diabetes	Y	N	Whooping Cough	Y	N
Gastroesophageal Reflux	Y	N	Comments (please give details of your child's medical condition such as onset of illness, treatment and outcomes)		
Genetic Disease	Y	N	_____		
Heart Murmur	Y	N	_____		
Headaches	Y	N	_____		
Hypertension	Y	N	_____		

**Family History**

This includes the child here today, parents, brothers and sisters

Relative      Explain

- Alcohol-drug abuse \_\_\_\_\_
- Allergies (hay fever, asthma) \_\_\_\_\_
- Anemia (low blood, blood disease, sickle cell) \_\_\_\_\_
- Bone or joint disease (arthritis) \_\_\_\_\_
- Congenital anomalies (birth defects) \_\_\_\_\_
- Cystic fibrosis \_\_\_\_\_
- Heart Disease or Stroke (before age 50, high cholesterol) \_\_\_\_\_
- Hypertension (high blood pressure) \_\_\_\_\_
- Inborn errors of metabolism (PKU, thyroid) \_\_\_\_\_
- Infectious disease including (TB) \_\_\_\_\_
- Intestinal disease (ulcer, ulcerative colitis, Crohn's Disease) \_\_\_\_\_
- Juvenile diabetes (onset less than 18 years) \_\_\_\_\_
- Kidney Disease including (urinary tract infection) \_\_\_\_\_
- Mental retardation \_\_\_\_\_
- Seizures \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_ **No significant history**

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
**Office Use Only**

\_\_\_\_\_  
Reviewed by:

\_\_\_\_\_  
Physician/Nurse Practitioner Signature Date