Columbia Basin PEDIATRICS
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MEDICAL HISTORY

Date: _____

Patient Name: _____ Birthdate: _____
First Middle Last

Medical Allergies: _____ Current Medications: _____

_____ _____

Food Allergies: _____ _____

_____ _____

Current Health Problems: ☐ None ☐ Yes If yes, please list below:

_____

_____

Infancy: (Please complete if your child is less than four years old or if you feel that there were important problems during infancy)

Birth History:

1. BirthWeight: _____lbs. _____oz. ☐ Term ☐ Early ☐ Late # previous pregnancies _____
2. Complications with this pregnancy:
   ☐ No problems ☐ Low APGAR ☐ Difficult Labor and/or Delivery ☐ Infection ☐ Bleeding
   ☐ C-Section ☐ Other (please list) _____
3. Complications with this child as a newborn: ☐ Trouble breathing ☐ Yellow Jaundice requiring treatment
   ☐ Infection ☐ Blueness ☐ Other (please list) _____

Hospitalization and surgeries:

1. My child has had the following operations:
   ☐ None ☐ Tonsillectomy (T&A) ☐ Hernia repair ☐ Appendectomy ☐ Tubes in ears
   ☐ Other (please list) _____
2. My child has had the following hospitalizations (excluding birth):

   _____

   _____
3. My child has had the following serious injuries:

   _____

   _____
4. My child has had the following illnesses:
   ☐ Chicken pox ☐ Hepatitis ☐ Asthma ☐ Convulsions (seizures)
   ☐ Bladder or urinary tract infections ☐ Other (please list) _____

Family History:

1. Number of children in the family: _____
   Where does this child fit it? ☐ Oldest ☐ Youngest ☐ Middle ☐ Only
2. My child is: ☐ Generally healthy ☐ Seems sick more than average ☐ Very sickly, worries me
3. The following things tend to "run in the family":

☐ No family health problems	☐ Free bleeding/ easy bruising	☐ High blood pressure
☐ Heart disease	☐ Diabetes in children	☐ Kidney/ bladder problems
☐ Asthma	☐ High cholesterol	☐ Allergies
☐ Cancer in children	☐ Other _____	

Is there anything else you think we should ask about your child?

_____