

# HISTORY

Date: \_\_\_\_\_

History given by: \_\_\_\_\_

History recorded by: \_\_\_\_\_

FAMILY MEMBERS	BIRTHDATE	HT	WT	HEALTH CONDITIONS
MOTHER				
FATHER				
SIBLINGS	BIRTHDATE	SEX		

Referred by: \_\_\_\_\_ **FAMILY HISTORY OF CHILD**

Allergies: _____	Thyroid: _____
Diabetes: _____	Sickle Cell: _____
Heart Disease: _____	Hemophilia: _____
Hypertension: _____	Mental Retardation: _____
Kidney Disease: _____	Seizure Disorder: _____
Cancer: _____	T.B. Contact: _____
Cystic Fibrosis: _____	Eye Condition: _____
Hip Dysplasia: _____	Hearing Loss: _____
Scoliosis: _____	Other: _____

### PAST HISTORY OF CHILD

Pregnancy: Full-Term/Premature    Delivery: Vaginal/Caesarian

Birth Weight: \_\_\_\_\_    Length: \_\_\_\_\_

Breast/Formula    Drugs/Tobacco/Alcohol

Illnesses: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Operations: \_\_\_\_\_

Drug Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Pollen Allergy: \_\_\_\_\_

Current Regular Medications: \_\_\_\_\_

### SYSTEMS REVIEW

HEENT: \_\_\_\_\_

\_\_\_\_\_

C.R.: \_\_\_\_\_

\_\_\_\_\_

G.U.: \_\_\_\_\_

\_\_\_\_\_

N.M.: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

### DEVELOPMENTAL MILESTONES

SMILES	SITS	STANDS	TRANSFERS OBJECTS	WALKS	FINE PINCHER	WORDS
PHRASES	KNOWS COLORS	PEDALS TRIKE	TOILET TRAINED DAY	TR NIGHT	RIDES BIKE	TIES SHOES

*Place label here*