

Westerville Pediatric Specialists, Inc.

575 Westar Crossing, Suite 101

Westerville OH 43082

Child's Name _____

Date of Birth _____

Drug Allergies _____

Current Medications	Dosage	Times/Day
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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) _____

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
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Past Medical History

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

ADD/ADHD	Y	N	Intellectually Challenged	Y	N
AIDS or HIV	Y	N	Intestinal Disease	Y	N
Anemia	Y	N	Jaundice	Y	N
Asthma	Y	N	Kidney Disease	Y	N
Allergies	Y	N	Learning Disability	Y	N
Apnea	Y	N	Liver Disease	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			
Genetic Disease	Y	N			
Heart Murmur	Y	N			
Headaches	Y	N			
Hypertension	Y	N			

Comments (please give details of your child's medical condition such as onset of illness, treatment and outcomes)

Child's Name _____

Family History

This includes 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)	_____	_____
Intellectually Challenged	_____	_____
Intestinal disease (ulcer, ulcerative colitis, Crohn's Disease)	_____	_____
Juvenile Diabetes (onset less than 18 years)	_____	_____
Kidney Disease including (urinary tract infection)	_____	_____
Seizures	_____	_____
Other	_____	_____

_____ **No significant history**

Signature of Parent/Guardian

Date

Office Use Only

Reviewed by:

Physician/Nurse Practitioner Signature

Date