Patient Name:_____

Parents Names:_____

Chief Complaint:_____

Current Illness:

When was the patient last entirely well?_____
_____

How and when did the disturbance start?

_____
_____

How was the child's health immediately before the illness?_____
_____

Progress of the Condition

Please list the date and order of onset of new symptoms:

_____
_____
_____
_____

Please list specific signs and symptoms that you have observed and that the child has verbalized:_____
_____
_____

Please list any factors that seem to aggravate or alleviate the child's symptoms:_____
_____
_____

Current Treatments:

Please list any times that significant medical attention was needed, including dates:_____
_____

Please list medications administered, including duration and dosages:_____
_____

Previous Medical History

Please list all infectious diseases that the child has contracted in his/her life. Include age, severity infection:

_____
_____

Please list immunizations and dates:

_____
_____
_____
_____

Please list any and all complications that may have occurred following vaccination:

_____
_____

Please list any hospitalizations, including reason, duration, and age:

_____
_____

Please list any allergies that you are aware that the child has, and what treatment has been used for this allergy:

_____
_____

Mother's Medical History Antenatal:

General health of mother during pregnancy:_____

Diet during pregnancy:

_____
_____

Infectiosn during pregnancy:_____

Other non-infectious illnesses of mother while pregnanct:_____
_____

Any complications of pregnancy:_____
_____

Rh typing and serology:_____

Prescribed drugs taken during pregnancy:
_____
_____

Over-the-counter drugs taken during pregnancy:
_____
_____

Supplements taken during pregnancy:
_____
_____

Alcohol_____ Smoking_____ Recreational Drugs:_____

Gestational Diabetes:_____ Gestational Hypertension_____

Previous pregnancy history:
_____
_____

PMH Natal

Duration of pregnancy (weeks) _____

Birth weight:_____

Type and duration of labor:_____

Type of delivery: vaginal_____ caesarean_____

Sedation and anesthesia:_____

APGAR score:_____

Color upon birth: cynanotic jaundice pale

Complications (circle): not crying twitchings excessive mucus
paralysis convulsions fever hemorrhage congenital adnormalities
Birth injury

Difficulty in suckling: _____

Feeding difficulties: Mother_____ Child_____

Rashes: Type and Severity_____

Early Growth and Development

Age when: first raised head_____ rolled over_____

Walked with help:_____ Talked clearly:_____

Urinary incontinence: Day_____ Night:_____

Control of feces:_____

Similar/different to siblings:_____

Infant and Baby Nutrition

Breast feeding duration:_____ Feedings/day:_____

Formula:_____ Feedings/day:_____

Vitamin supplements:_____

Solid foods: age began:_____ First foods:_____

Food likes and dislkes:_____

Appetite:_____

Usual daily diet:_____

_____

_____

Early Behavior

Does the child manifest any unusual behavior:_____

Sleep disturbances:_____

Phobias:_____

Pica (ingestion of substances other than food):_____

Abnormal bowel habits:_____

Review of Systems: (Circle any issues the child is experiencing)

Skin: rashes hives problems with hair skin texture or color

Eyes: crossed infection glasses

Ear, Nose, Throat: frequent colds sore throat sneezing stuffy nose
Post nasal drip mouth breathing snoring ear infections

Cardiorespiratory: difficulty breathing chest pain cough wheeze
Edema fainting rapid or irregular heart rate
Expectoration of fluid/mucus from lungs

Gastrointestinal: vomiting diarrhea constipation
blood or mucus in stools abdominal pain or discomfort
bloating jaundice flatulence

Bowel Movements: frequency:_____ consistency:_____
Odor:_____ color:_____

Genitourinary: eneuresis pain with urination frequent urination
Blood in urine vaginal discharge menses
Abnormalities of genitals:_____

Neuromuscular: headache nervousness/anxiety tingling convulstions
muscle or joint pains

Endocrine: excessive thirst excessive hunger thyroid disease
Disturbances of growth

General: fatigue mental changes depression

Is there anything else that you feel that I need to know?_____

_____

_____

Thank you very much. I look forward to working with you and your child!