

# PEDIATRIC HISTORY

NAME: _____	DATE: _____
PLACE OF BIRTH: _____	DATE OF BIRTH: _____ AGE: _____

**Present Problems:** \_\_\_\_\_  
\_\_\_\_\_

Current formula and amount per day (if using): \_\_\_\_\_

**PAST HISTORY:**

BIRTH WEIGHT \_\_\_\_\_ BIRTH LENGTH \_\_\_\_\_

PREGNANCY: Any complications during this child's pregnancy (bleeding, infection, toxemia)?  
\_\_\_\_\_

LABOR: Any complications during this child's labor (breech, prolonged, baby's heart rate slow)?  
\_\_\_\_\_

DELIVERY: Any problems during this child's delivery (C-Section, forceps, heavy bleeding, premature, late)?  
\_\_\_\_\_

HOSPITAL: Any problems during this child's hospital stay (yellow jaundice, trouble with formula, infections)?  
\_\_\_\_\_

ALLERGIES: Is the child allergic to:

Penicillin	Yes	No
Sulfa	Yes	No
Latex	Yes	No
Other (Please specify)?	_____	

**OPERATIONS:** List any operations this child has had and dates performed:  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER HOSPITALIZATIONS/ILLNESSES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Stevens Creek  
Family Medicine**

1601 North 86th Street Suite 100  
Lincoln, NE 68505  
PH 402.327.7503  
FX 402.327.7502

**MEDICATIONS:**

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

**IMMUNIZATIONS:** (List dates)

DPT: 1st\_\_\_\_ 2nd\_\_\_\_ 3rd\_\_\_\_ 4th\_\_\_\_ 5th\_\_\_\_  
Polio: 1st\_\_\_\_ 2nd\_\_\_\_ 3rd\_\_\_\_ 4th\_\_\_\_ 5th\_\_\_\_  
MMR: 1st\_\_\_\_ 2nd\_\_\_\_  
HIB: 1st\_\_\_\_ 2nd\_\_\_\_ 3rd\_\_\_\_ 4th\_\_\_\_  
HEP: 1st\_\_\_\_ 2nd\_\_\_\_ 3rd\_\_\_\_

**REVIEW OF SYSTEMS:**

Has this child had any of the following problems (Include both past and present)

**GASTROINTESTINAL:**

Indigestion or heartburn Y / N  
Ulcers Y / N  
Frequent abdominal pain Y / N  
Vomiting blood Y / N  
Hepatitis or liver problems Y / N  
Gallbladder problems Y / N  
Frequent diarrhea Y / N  
Frequent constipation Y / N  
Rectal problems or bleeding Y / N  
Black tar-like bowel movements Y / N  
Recent change in bowel habits Y / N  
Other\_\_\_\_\_ Y / N

**URINARY:**

Kidney or bladder infection Y / N  
Kidney stones Y / N  
Burning with urination Y / N  
Difficulty passing urine Y / N  
Difficulty controlling urine Y / N  
Getting up at night to urinate Y / N  
Blood in urine Y / N  
Other\_\_\_\_\_ Y / N

**GENITALIA:**

Undescended testes Y / N

**BEHAVIOR:**

School problems Y / N  
Sleep difficulty Y / N  
Nightmares/terrors Y / N  
Unusual fears Y / N  
Problems playing with other children Y / N  
Poor appetite Y / N  
Temper tantrums Y / N

**DEVELOPMENT:**

Age this child:  
Sat up alone \_\_\_\_\_  
Crawled \_\_\_\_\_  
Walked \_\_\_\_\_  
Talked in phrases \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Stevens Creek  
Family Medicine**

1601 North 86th Street Suite 100  
Lincoln, NE 68505  
PH 402.327.7503  
FX 402.327.7502

GENERAL:

Anemia Y / N  
Recent weight change Y / N  
Thyroid problems Y / N  
Diabetes or high blood sugar Y / N  
Frequent fever or chills Y / N  
Frequent large lymph glands or lumps Y / N  
Other\_\_\_\_\_ Y / N

SKIN:

Frequent rashes Y / N  
Changing mole Y / N  
Other\_\_\_\_\_ Y / N

HEAD:

Frequent headaches Y / N  
Visual problems not corrected by glasses Y / N  
Glaucoma Y / N  
Frequent dizziness Y / N  
Fainting Y / N  
Epilepsy or seizures Y / N  
Weakness in arm or leg Y / N  
Numbness Y / N  
Frequent ear infections Y / N  
Hearing difficulty Y / N  
Ringing in ears Y / N  
Frequent nose bleeds Y / N  
Frequent nasal congestion Y / N  
Difficulty swallowing Y / N  
Persistent hoarseness Y / N  
Other\_\_\_\_\_ Y / N

LUNGS:

Severe shortness of breath Y / N  
Asthma or emphysema Y / N  
Frequent cough Y / N  
Coughing up blood Y / N  
Tuberculosis Y / N  
Other\_\_\_\_\_ Y / N

HEART:

High blood pressure Y / N  
Rheumatic fever Y / N  
Chest pain or pressure Y / N  
Irregular heart beat Y / N  
Swelling in legs Y / N  
Other\_\_\_\_\_ Y / N

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_