

PENNRIDGE PEDIATRIC ASSOCIATES- HISTORY FORM

DATE ___/___/___

Name Last First MI Birth Date ___/___/___ Sex ___

Father Mother Former Physician Prenatal problems

Neonatal Period: GA wks Vaginal C-section Breech BW D/C wt Stay Hospital Physician (s)

Neonatal Problems:

Diet: Formula Breast Vitamins Fluoride

Allergies: Drugs Stinging insects Food (s) Seasonal

Review of Systems and Past Medical History:

Skin: Rashes, bruising, jaundice, other HEENT: ear infections, vision or hearing problems, nosebleeds, other Cardio-pulmonary: SOB, wheezing, recurrent infection, chronic cough, other GI: Chronic constipation, diarrhea, or vomiting, pain, other GU: Urine infections, frequency, urgency, dysuria, hematuria, menses, other Neuro: Headache, seizures, fainting, learning problems, other Musculo-skeletal: Joint swelling, fractures, other Misc:

Hospitalizations, Serious Illness or Injury:

Table with 3 columns: Problem, Age, Hospital

G and D: Smiled Rolled Over Sat Stood Alone Walked Alone Single Words

FH: Mother Age Height Father Age Height Sibs: ages, problems?

No People at Home Who Cares for Child Day Care

Family Illnesses: Allergies (inc. seasonal), congenital anomalies, bleeding problems, anemia, cancer (inc. leukemia), emphysema, TB, diabetes, heart disease or high blood pressure, elevated cholesterol, kidney disease, developmental delay, seizure or other neurologic disease, muscle or joint disease, emotional illness, drug/alcohol use, smoking

SH: House Apt Pets Occupation: Father Mother School Grade Special Classes Drug/alcohol use? Smoking

Other Problems or Additional Comments:

Nurses Initials