



Patient Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_\_

Parent Names: \_\_\_\_\_ Siblings & DOB: \_\_\_\_\_

Significant Past Medical Problems, illnesses or hospitalizations: \_\_\_\_\_

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

Has your child had chicken pox disease:  Yes Date: \_\_\_\_\_  No

Has your child had any of the following operations? If yes, fill in the year of surgery.

	Year
Appendix Removed	
Tonsils/Adenoids Removed	
Ear Tubes	

Other operations/procedures: \_\_\_\_\_

\_\_\_\_\_

**Active or Chronic Problems (check all that apply for this patient or list below):**

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> DDH – hip dysplasia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Seizures
<input type="checkbox"/> Allergies	<input type="checkbox"/> Deafness	<input type="checkbox"/> Ear Infections (frequent)	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Strabismus (lazy eye)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Eczema	<input type="checkbox"/> Migraines/Headaches	<input type="checkbox"/> Sickle Cell
<input type="checkbox"/> Cancer	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Elevated Cholesterol	<input type="checkbox"/> Obesity	<input type="checkbox"/> Urinary Reflux
<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Frequent or Recurrent UTI	

Please explain any that apply:

\_\_\_\_\_

Please list other active or chronic problems: \_\_\_\_\_

\_\_\_\_\_

Please list other pertinent information we should know, including other doctors and/or specialists your child sees:

\_\_\_\_\_

\_\_\_\_\_

Patient's Drug Allergies & reaction: \_\_\_\_\_

Patient's Food Allergies & reaction: \_\_\_\_\_

**Current Medications** – Please list all over the counter medications, supplements, herbal medications and/or any medications prescribed by your PCP or specialist.

Medication	Dosage	Times per Day	Prescribed by

