

	<u>Pediatrics</u>		;	seen by:_	KE	Reviewed by:		
Patient	Name:			M/F	Date of Birth:			
Parent N	Names:		Siblings & DOB:				_	
Significa	nt Past Medical Prob	blems, illne	sses or hospitalization	ns:				
			: ☐ Yes Date: operations? If yes, fil				_	
			ear	,				
Appendi	ix Removed							
	Adenoids Removed							
Ear Tube	es							
Other o	perations/procedure	!S:						
other o	perutions, procedure						_	
Active o	r Chronic Problems (check all th	nat apply for this patie	nt or list belo	ow):			
		renlacia.	□ Diabotos	ППыск	hlood prossure	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ADD/ADH	<u> </u>	/splasia	☐ Diabetes		blood pressure		ava)	
ADD/ADH Allergies	☐ Deafness	•	☐ Ear Infections (frequ	uent) \square Mer	ntal illness	☐ Strabismus (lazy e	eye)	
ADD/ADH Allergies Asthma	☐ Deafness ☐ Depression//	Anxiety	☐ Ear Infections (frequ	uent)	ntal illness raines/Headache	☐ Strabismus (lazy ees ☐ Sickle Cell	eye)	
ADD/ADH Allergies	☐ Deafness ☐ Depression/A ☐ Developmen	Anxiety tal Delay	☐ Ear Infections (frequ	uent)	ntal illness raines/Headache sity	☐ Strabismus (lazy e		
ADD/ADH Allergies Asthma Cancer Other (list	☐ Deafness ☐ Depression/A ☐ Development below) xplain any that apply	Anxiety tal Delay	☐ Ear Infections (frequence of the learn of	uent)	ntal illness raines/Headache sity osis	□ Strabismus (lazy e es □ Sickle Cell □ Urinary Reflux □ Frequent or Recu		
ADD/ADH Allergies Asthma Cancer Other (list Please e Please li	☐ Deafness ☐ Depression// ☐ Development below) xplain any that apply st other active or chr	Anxiety tal Delay : onic proble	Ear Infections (frequence of the control of the con	uent)	ntal illness raines/Headache sity osis	□ Strabismus (lazy e es □ Sickle Cell □ Urinary Reflux □ Frequent or Recu		
ADD/ADH Allergies Asthma Cancer Other (list Please e Please li	Deafness Depression/A Development below) xplain any that apply st other active or chr st other pertinent inf	Anxiety tal Delay conic proble	Ear Infections (frequence of the control of the con	uent)	ntal illness raines/Headache sity osis tors and/or spec	Strabismus (lazy ees Sickle Cell Urinary Reflux Frequent or Recu		
ADD/ADH Allergies Asthma Cancer Other (list Please e Please li Please li Pratient'	Deafness Depression/A Development below) xplain any that apply st other active or chr st other pertinent inf	Anxiety tal Delay conic proble formation w	Ear Infections (frequence of the control of the con	uent)	ntal illness raines/Headache sity osis tors and/or spec	Strabismus (lazy ees		
ADD/ADH Allergies Asthma Cancer Other (list Please e Please li Please li Please li Patient' Current	Deafness Depression/A Development below) xplain any that apply st other active or chr st other pertinent info s Drug Allergies & re s Food Allergies & re	Anxiety tal Delay c: conic proble formation w action: e list all ove	Ear Infections (frequence of the counter medications) Ear Infections (frequence of the counter medications) Ear Infections (frequence of the counter medications)	uent)	ntal illness raines/Headache sity osis tors and/or spec	Strabismus (lazy ees Sickle Cell Urinary Reflux Frequent or Recu		
ADD/ADH Allergies Asthma Cancer Other (list Please e Please li Please li Please li Patient' Current	Deafness Depression/A Development below) xplain any that apply st other active or chr st other pertinent inf s Drug Allergies & re s Food Allergies & re Medications – Please	Anxiety tal Delay c: conic proble formation w action: e list all ove	Ear Infections (frequence of the counter medications) Ear Infections (frequence of the counter medications) Ear Infections (frequence of the counter medications)	ions, supplem	ntal illness raines/Headache sity osis tors and/or spec	Strabismus (lazy ees Sickle Cell Urinary Reflux Frequent or Recu		

-OVER PLEASE-

			CHECK A BO	OX THAT APPLIE	S FOR EACH CAT	EGORY BELOW					
Social History											
	nation:				د الله	Time □ Da	art time □	School			
			□ Full Time □ Part time □ School □ Full Time □ Part time □ School								
Father's Occupa											
Parent's Relation	=				_	☐ Guardian			ne Sex Paren	its	
Child Care:				_		l Father in Jai Daycare □ S					
				-		•					
Safety: Specia	l Needs:		None Know	n	☐ IEP pending ☐ Legal			☐ Special Needs Classroom			
			ADD/ADHD				☐ Speech				
			☐ Behavior Problems ☐ Excessive Absences ☐ Failing		☐ Math ☐ Math/Reading ☐ Physical disability		☐ SPED/LD				
							☐ Title 1 ☐ Other:				
			IEP in place		⊔ Keadin	☐ Reading		☐ Other:			
Learni	ng Disable	ed:			☐ Expressive langu		language dis				
			Articulation		☐ Motor skills disorder						
		☐ Dyscalculia (Numbers)			☐ Receptive language d			sorder			
			Dyslexia		I	☐ Writing di	sorder				
	Safety:										
•		or each catego	• •								
	Smokers in home			n in home		Pets/animals		Lead exp			
☐ Yes [s 🗆 No		☐ Birds		☐ Lead in home				
	detector	_	itested			Cats	_	No lead in home			
☐ Yes ☐ No			☐ Untreated			□ Do			☐ Lead removed		
Smoke	☐ Treated			□ Ferr			nea pigs				
	☐ Yes ☐ No			Seatbelt/car restrain							
	ke/skating h	ieimet	☐ Booster				lamsters		Water		
☐ Yes [-					□ Mi					
Firearms in home ☐ Yes ☐ No			☐ Face front ☐ Seatbelt			□ Rabb □ None					
□ res i	⊿ NO		□ 36	atbeit		шr	vone	⊔ water	nuonaatea		
Family History:			r below		☐ Patient Adopted						
	Mother	Father	Brother	Brother	Sister	Sister	Mom's mother	Mom's father	Dad's mother	Dad's	
ased (age?, include											
n)											
ADHD ·											
gies											
na er (type?)											
– hip dysplasia											
ness											
ession											
opmental delay											
etes											
ted Cholesterol						1					
na											
Disease						1					
blood pressure ing disability						1			1		
al illness						†					
nines						1					
ity						1			1		
osis											
res											
Cell											
ismus (lazy eye)						1					
en death < 55						1				 	
r:		İ		I	İ		1				

Date of Birth:

Patient Name: _____