



# Ad-Park Pediatrics S.C. Health History Form

Patient History				
	Child#1	Child#2	Child#3	Child#4
Name				
Birth Method	Vaginal/C-section, If C-section why?	Vaginal/C-section, If C-section why?	Vaginal/C-section, If C-section why?	Vaginal/C-section, If C-section why?
Birth Hospital				
Premature?				
Gestational age	weeks	weeks	weeks	weeks
Complications?				
Birth Weight	lbs      oz	lbs      oz	lbs      oz	lbs      oz
Feeding Method	Breast/Formula/Combination	Breast/Formula/Combination	Breast/Formula/Combination	Breast/Formula/Combination
Surgeries: (year and surgery type)				
Allergies:				
Hospitalizations: (year and reason)				
Current Medications:				

Do/es your child/ren have or have had any of the following:

Issue	Y	N	Who?	Issue	Y	N	Who?	Issue	Y	N	Who?
Chicken Pox				Organ transplant				Convulsions			
Chronic ear infection				Chemotherapy				Diabetes			
Vision Problems				Cancer				Hypertension			
Asthma				Genetic disorder				ADD, Anxiety			
Heart Problems				Kidney disease				Skin Problems			
Anemia				Bed-wetting				Obesity			

Family History (please check the box if a family member has the issue)

Issue	Father	Mother	Grandfather		Grandmother		Aunts/Uncles		1 <sup>st</sup> cousins
			Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	
Anemia									
Arthritis									
Asthma									
Cancer									
Diabetes									
Heart disease									
High cholesterol									
Hypertension									
Kidney disease									
Mental health									
Seizures									
Sickle cell									
Sudden death									
Tuberculosis									

Social History

Who lives in the home: \_\_\_\_\_

Do parents smoke? Yes/No, if yes in/out of home      Was home built before 1978? Yes/No

Is daycare used? Yes/No, if yes who?      Type of pets in home: \_\_\_\_\_