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PEDIATRIC HISTORY FORM

Child's Name: _____ Sex: M F Age: ___ DOB: _____

Parent's Name: _____

Drug Allergies (name of medicine and reaction): _____

Office Visit Authorization

I authorize _____ to chaperone _____ for medical visits to Dr. Susanna Chou's office.

Signed: _____ Date: _____

Relationship to patient: _____

Past Medical History

Prenatal (if answer yes, please explain)

Yes No

- 1. When you were pregnant with this child did you have any medical problems? _____
- 2. Did you have any complications with your labor? _____

Neonatal

- 1. Date of birth: _____ Due Date: _____
- 2. Baby's birth weight: _____
- 3. Any problems after baby were delivered? _____

Childhood Diseases

- 1. Has your child had any serious medical illness or hospitalizations? _____
- 2. Has your child had any operations? _____
- 3. Has your child had any injuries? _____
- 4. Has your child needed any medications? If yes, which ones, at what age? _____
- 5. Has your child had any delay in reaching developmental milestones? _____

Family History

Has either parent or any relative in either family had: (if yes, write relationship, age at time of disease, and if alive at present)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Y N | Y N | Tuberculosis: _____ | Diabetes: _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Heart Diseases: _____ | Asthma: _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Cancer: _____ | Mental Illness: _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Alcoholism or Drug Abuse: _____ | Other Diseases: _____ |

Social History

- 1. Is there any violent behavior in the family? _____
- 2. Does anyone in the family smoke? _____
- 3. List names and ages of all people who live with the child. _____

Parent's Signature: _____ Date: _____