

**Northwoods Pediatric Center**  
**Pediatric Health History**

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Pregnancy Complications:      Yes    No

Pregnancy less than 9 months    \_\_\_    \_\_\_

High Blood Pressure                \_\_\_    \_\_\_

Gestational Diabetes                \_\_\_    \_\_\_

Medications (if yes, list)           \_\_\_    \_\_\_

Bleeding                                \_\_\_    \_\_\_

Serious Illnesses                    \_\_\_    \_\_\_

Serious Infections                  \_\_\_    \_\_\_

Previous miscarriages                \_\_\_    \_\_\_

C-section (if yes, why?)            \_\_\_    \_\_\_

Were forceps used?                  \_\_\_    \_\_\_

Birth History:

Place of Birth \_\_\_\_\_

Birth Weight \_\_\_\_\_ Length \_\_\_\_\_

Length of Labor \_\_\_\_\_

Hearing Screen Passed      Yes \_\_\_    No \_\_\_

Is Child Adopted?                Yes \_\_\_    No \_\_\_

Problems:                                Yes    No

Jaundice                                \_\_\_    \_\_\_

Breathing problems                \_\_\_    \_\_\_

Antibiotics used                      \_\_\_    \_\_\_

Other problems (explain) \_\_\_\_\_

Breast: \_\_\_\_\_ Formula: \_\_\_\_\_

Development: At what age did your child.....

Smile \_\_\_\_\_ Roll over \_\_\_\_\_ Sit alone \_\_\_\_\_ Walk alone \_\_\_\_\_

1<sup>st</sup> word with meaning \_\_\_\_\_ Use 3 word sentences \_\_\_\_\_ Bladder trained \_\_\_\_\_

Bowel trained \_\_\_\_\_ Ride bike \_\_\_\_\_ Tie shoes \_\_\_\_\_

List medication child takes regularly

Hospitalizations & Operations

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

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

Child's Illnesses      Yes    No    Date

Chickenpox                \_\_\_    \_\_\_    \_\_\_

Scarlet fever              \_\_\_    \_\_\_    \_\_\_

Meningitis                \_\_\_    \_\_\_    \_\_\_

Pneumonia                \_\_\_    \_\_\_    \_\_\_

Diabetes                    \_\_\_    \_\_\_    \_\_\_

Convulsions              \_\_\_    \_\_\_    \_\_\_

Bed Wetting                \_\_\_    \_\_\_    \_\_\_

Kidney disease            \_\_\_    \_\_\_    \_\_\_

Sickle Cell                \_\_\_    \_\_\_    \_\_\_

GE Reflux                 \_\_\_    \_\_\_    \_\_\_

Allergies                    \_\_\_    \_\_\_    \_\_\_

Asthma                     \_\_\_    \_\_\_    \_\_\_

Serious Illnesses?                        Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies to Medications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_