DURANT ROAD PEDIATRICS

Medical History:
Name: _____ DOB: _____

Birth history: Full term/Premature Birth weight: _____ Delivery type: _____
Any problems during pregnancy/delivery: _____
Newborn hearing screen: _____
Current medications: _____
Allergies: _____
Past hospitalizations: _____
Past surgeries: _____

Other current/past medical issues: _____
Up to date on vaccines?: _____

Family History:

Allergies:	Heart disease:
Asthma:	Liver disease:
Anemia:	Kidney disease:
Cancer:	Mental disorder:
Celiac disease:	Migraines:
Depression:	Neurological disorder:
Developmental Delay:	Stomach/GI issues:
Diabetes:	Seizures:
Heart murmur:	Thyroid disease:
Hearing problems:	Urinary Tract Infections:
High Cholesterol:	Vision problems:
Hypertension:	Other:

Social History:
Dad's occupation: _____
Mom's occupation: _____

Child lives with: _____
Smoking in household?: _____
Pets: _____
Water source: city/tap well bottled

Tuberculosis Screening:
Has a family member or contact had TB disease? Y N
Has a family member had a positive tuberculin skin test result? Y N
Was your child born outside the US, Canada, Australia, NZ or Western & Northern European countries? Y N
Has your child traveled (had contact with resident populations) to a high risk country for > 1 week in the last 12 months? Y N