

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:

Asthma:

Anemia:

Cancer:

Celiac disease:

Depression:

Developmental Delay:

Diabetes:

Heart murmur:

Hearing problems:

High Cholesterol:

Hypertension:

Heart disease:

Liver disease:

Kidney disease:

Mental disorder:

Migraines:

Neurological disorder:

Stomach/GI issues:

Seizures:

Thyroid disease:

Urinary Tract Infections:

Vision problems:

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