

Patient Name _____	Date of Birth _____
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**Fill out a separate page for each child**

**INSTRUCTIONS:** Please *print or write legibly*. Only one (1) SOCIAL AND FAMILY History form needs to be completed, Comment on any specifics.

**MEDICATIONS:** List all current medications and the strength of each that you child is taking:

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**ALLERGIES:**

Drug Allergies: List All \_\_\_\_\_

Allergic Rhinitis                       Asthma                       Urticaria (hives)

Eczema/chronic dry skin               Food Intolerance

**NEWBORN PERIOD:**

Vaginal delivery                       C-Section                       Difficult delivery

Term                                       Premature                       Birth weight \_\_\_\_\_

Jaundice?                               Phototherapy?                       Heart or Lung problems

Feeding problems                       Delayed discharge home from Nursery                       Other \_\_\_\_\_

**FEEDING AND DIGESTION:**

Breast fed                       Bottle fed                       Appetite poor                       Vomiting

Chronic loose stools                       Constipation issues                       Other \_\_\_\_\_

**INFECTIONS, DEVELOPMENT, MISCELLANEOUS PROBLEMS:**

Dental problems                       Developmental delays                       Eye problems (glasses, etc.)

Frequent sore throat                       Frequent ear infections                       Hearing loss

Heart problems                       Elevated blood pressure                       Seizures

Pneumonia                       Pica (eating dirt, plants, etc.)                       Orthopedic problems

Kidney or bladder infections                       Bed wetting                       Other \_\_\_\_\_

**SURGICAL PROCEDURES and HOSPITALIZATIONS**

Tonsillectomy, adenoidectomy and/or ear tubes                       Other surgical procedures

Serious injuries (concussions, broken ones, etc.)                       Hospitalizations \_\_\_\_\_

**PSYCHOLOGICAL PROBLEMS**

Antisocial behavior                       ADHD issues                       Drug use/abuse                       Discipline problems

Breath holding                       School adjustment problems                       Peer relationships                       Tics/nervous habits

Learning disability                       Mental retardation                       Nightmares                       Temper tantrums

Speech problems                       Poor school performance                       Anxiety

Other \_\_\_\_\_

