CENTRAL FLORIDA PEDIATRICS

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PATIENT HEALTH HISTORY

Date: ____________________

Child's Name: ______________________________ D.O.B.: ______________ Sex: ☐ M ☐ F

Race: ______________________________ Primary Language: ______________

PATIENT HISTORY

Birthplace: ____________________ Hospital: ______________ OB: ______________

Delivery: ☐ Vaginal ☐ C-Section Full Term: ☐ Yes ☐ No ______________ Birth Weight: ______________

Has the patient ever had (please check all that apply):

☐ Allergies
☐ Anemia
☐ Asthma
☐ Cancer
☐ Chickenpox ____________
☐ Chronic ear infections
☐ Other ____________

☐ Blood transfusion
☐ Pneumonia
☐ Mononucleosis
☐ Urinary Infections
☐ Neurologic Disorders
☐ Mental Disorders
☐ Seizure Disorders

☐ Hepatitis
☐ Diabetes
☐ Concussion/head injury
☐ Broken bone(s)
☐ Tonsillectomy
☐ Adenoidectomy
☐ Nervous Disorders

☐ Appendectomy
☐ Ear tubes
☐ Allergic reaction to any any medications (list):
____
____
____

Please list any previous physicians who are familiar with your medical history: ______________

FAMILY HISTORY

	Name	Age	Sex	If living - list all medical conditions	If deceased - list cause of death	Age at death
Father						
Mother						
Sibling			☐ M ☐ F			
Sibling			☐ M ☐ F			
Sibling			☐ M ☐ F			
Sibling			☐ M ☐ F			
Sibling			☐ M ☐ F			

Has anyone in the immediate or extended family had (please check all that apply):

Illness	Who?
☐ AIDS	______________
☐ High Blood Pressure	______________
☐ Heart Conditions	______________
☐ Cancer	______________
☐ Hepatitis, Type? __________	______________
☐ Diabetes	______________

Illness	Who?
☐ Tuberculosis	______________
☐ Thyroid problems ______________	______________
☐ Blood disorders ______________	______________
☐ Neurologic disorders ______________	______________
☐ Mental disorders ______________	______________
☐ Other ______________	______________

Does anyone in the household smoke? ☐ Yes ☐ No

Information provided by: ______________________________ Relation to child: ______________

Thank you for providing this information. If there are any items not listed on this form, which you feel are pertinent to the care of your child, please feel free to review them during your visit.

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