



CHILD MEDICAL HISTORY

CH# _____ Date _____

Name _____ Height _____ Weight _____ Age _____ Birthdate _____

Physicians Name _____ City/State _____

Date of last physical exam _____ Reason _____

Have child ever had:

- heart disease..... No Yes
- chest pains/angina..... No Yes
- heart attack..... No Yes
- heart murmur/defect..... No Yes
- mitral valve prolapse..... No Yes
- rheumatic fever..... No Yes
- artificial joints/implants..... No Yes
- pacemaker..... No Yes

- high/low blood pressure..... No Yes
- fainting/dizziness..... No Yes
- stroke..... No Yes
- neurologic/nervous disorder..... No Yes
- epilepsy..... No Yes
- Bell's palsy..... No Yes
- MS/multiple sclerosis..... No Yes

- anxiety/depression..... No Yes
- muscular disorder..... No Yes
- muscular dystrophy..... No Yes

- lung disease..... No Yes
- TB/tuberculosis..... No Yes
- asthma/emphysema..... No Yes
- "hayfever"/sinus infection..... No Yes

- kidney/bladder problems..... No Yes
- stomach/GI problem..... No Yes
- colitis/diverticulitis..... No Yes

Is child allergic to:

- Anesthetics..... No Yes
- Penicillin..... No Yes
- Erythromycin..... No Yes
- Tetracycline..... No Yes
- Aspirin..... No Yes
- Ibuprofen..... No Yes
- Tylenol..... No Yes
- Codeine..... No Yes
- Latex..... No Yes
- Metals..... No Yes
- Other _____

- ulcers..... No Yes
- esophageal reflux..... No Yes
- bulimia/anorexia..... No Yes

- diabetes(high sugar)..... No Yes
- hypoglycemia(low sugar)..... No Yes
- thyroid problems..... No Yes
- arthritis/rheumatism..... No Yes
- prolonged steroid medications..... No Yes

- tumor/cancer..... No Yes
- radiation/chemotherapy..... No Yes
- excessive bleeding..... No Yes
- blood/platelet disorder..... No Yes
- leukemia..... No Yes
- skin disease..... No Yes
- ear/eye trouble..... No Yes

- liver disease/jaundice..... No Yes
- hepatitis..... No Yes
- herpes infection..... No Yes
- syphilis/gonorrhea/VD..... No Yes
- immune system problems..... No Yes
- HIV/AIDS..... No Yes
- Lupus..... No Yes

- Do you smoke?..... No Yes
- Use chewing tobacco/snuff?..... No Yes

Is child pregnant? #months _____ Due date _____

Major surgery for: _____

Stay in hospital for: _____

Now under care of physician for _____

List current medications	Reason for taking
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have answered these questions to the best of my ability. I will notify the office of any changes in this information at the earliest possible time.

Signature _____ Date _____