## North Lincoln Family Medical Center

## **PEDIATRIC HISTORY FORM**

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Physician	

**REVIEW OF SYSTEMS:** Has this child had any of the following problems: (Include both past and present)

GENERAL:			GASTROINTESTINAL:		
Anemia	Yes	No	Indigestion or heartburn	Yes	No
Recent weight change	Yes	No	Ulcers	Yes	No
Thyroid problems	Yes	No	Frequent abdominal pain	Yes	No
Diabetes or high blood sugar	Yes	No	Vomiting blood	Yes	No
Frequent fever or chills	Yes	No	Hepatitis or liver problems	Yes	No
Frequent large lymph glands			Gallbladder problems	Yes	No
or lumps	Yes	No	Frequent diarrhea	Yes	No
Other	Yes	No	Frequent constipation	Yes	No
			Rectal problems or bleeding	Yes	No
SKIN:			Black tar-like bowel movements	Yes	No
Frequent rashes	Yes	No	Recent change in bowel habits	Yes	No
Changing mole	Yes	No	Other	Yes	No
Other	Yes	No			
			URINARY:		
HEAD:			Kidney or bladder infection	Yes	No
Frequent ear infection	Yes	No	Kidney stones	Yes	No
Frequent headaches	Yes	No	Burning with urination	Yes	No
Visual problems not corrected			Difficulty passing urine	Yes	No
by glasses	Yes	No	Difficulty controlling urine	Yes	No
Iritis	Yes	No	Getting up at night to urinate	Yes	No
Frequent dizziness	Yes	No	Blood in urine	Yes	No
Fainting	Yes	No	Other	Yes	No
Epilepsy or seizures	Yes	No			
Stroke	Yes	No	GENITALIA:		
Weakness in arm or leg	Yes	No	Men:		
Numbness	Yes	No	Undescended testes	Yes	No
Hearing difficulty	Yes	No	Discharge from penis	Yes	No
Ringing in ears	Yes	No	Lump in testicles	Yes	No
Frequent nosebleeds	Yes	No	Other	Yes	No
Frequent nasal congestion	Yes	No			
Difficulty swallowing	Yes	No	Women:		
Persistent hoarseness	Yes	No	Breast lump	Yes	No
Other		No	Discharge from nipple	Yes	No
	. , , , ,		Irregular periods	Yes	No
LUNGS:			Abnormal vaginal bleeding		
Severe shortness of breath	Yes	No	or spotting (not with periods)	Yes	No
Asthma or emphysema	Yes	No	Severe cramps	Yes	No
Frequent cough	Yes	No	Other	Yes	No
Coughing up blood	Yes	No		.00	
Tuberculosis	Yes	No	Age periods started:		
Other		No	, igo ponodo ciantos.		
			Periods are: Heavy	Medi	um 🗖
HEART:			Light 🖵		ent 🗖
Heart murmur	Yes	No	<del>9</del>	,	
High blood pressure	Yes	No	BONES – JOINTS:		
Rheumatic fever	Yes	No	Painful or swollen joints	Yes	No
Chest pain or pressure	Yes	No	Persistent back or neck pain	Yes	No
Heart attack	Yes	No	Fractures and Dislocations	Yes	No
Irregular heart beat	Yes	No	Other	Yes	No
Swelling in legs	Yes	No		. 55	
Severe calf pain when walking	Yes	No			
Other	Yes	No			
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	If Living		If Dec	eased
FAMILY HISTORY Name	Age	Health	Age at Death	Cause
Father				
Mother				
Brothers/Sisters				
1.				
2.				
3.				
4.				
Children				
1.				
2.				
3.				
4.				

(Do not write in this space.)

Has any blood relative ever had:			Relationship	Age at Onset
Cancer	Yes	No		
Arthritis	Yes	No		
Tuberculosis	Yes	No		
Diabetes	Yes	No		
Heart Trouble	Yes	No		
High Blood Pressure	Yes	No		
Stroke	Yes	No		
Epilepsy	Yes	No		
Emotional Problem	Yes	No		
Suicide	Yes	No		
Birth Defects	Yes	No	_	
Other Serious Disease	Yes	No		