

North Lincoln Family Medical Center

PEDIATRIC HISTORY FORM

Name _____ Date _____
Date of birth _____ Place of birth _____ Delivered by _____
Birth weight _____ Length _____

PREGNANCY INFORMATION (Circle and elaborate)

COMPLICATIONS DURING PREGNANCY: bleeding, infections, toxemia, none

LABOR: breech, prolonged, baby's heart rate slow, none

DELIVERY: C-section, forceps, heavy bleeding, premature, late, none

HOSPITAL STAY: yellow jaundice, infections, feeding problems, none

FEEDING HISTORY: Breast _____ Formula _____
Solids (identify) _____ Vitamins _____

ALLERGIES: Foods _____ Medications _____
Other _____

MEDICATIONS: _____

OPERATIONS:	Type	Date Performed	Hospital	Surgeon
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

HOSPITALIZATIONS:	Diagnosis	Date	Hospital	Physician
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

IMMUNIZATIONS: (List Dates)

	#1	#2	#3	#4	#5
DP					
Polio					

Measles, Mumps, Rubella (MMR) _____ TB Tine _____

BCG _____ Other (Typhoid, Cholera, Small pox) _____

DEVELOPMENTAL: Age Child: sat up _____ crawled _____ walked _____
toilet trained _____ talked in phrases _____

FAMILY HISTORY	Name	If Living		If Deceased	
		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		