John Muir Medical Group – Alamo

Pediatric History

Name ______________________ Date of Birth ______________
Sex ______ Date First Seen ________ Parents Name ______________

BIRTH HISTORY

Type of Delivery ______________________ Term ____________
Premature at: ______________________ Weeks ____________
Pregnancy Number: ______________________
Other Comments: ______________________
Birth Weight: ______________________ Length: ____________
Neonatal Problems: ______________________

FAMILY HISTORY

Mother: ______________________ Age: ______ Occupation: ____________
Father: ______________________ Age: ______ Occupation ____________
Siblings:
1. ______________________ Age: ________ Sex: _____ Height: ______
2. ______________________ Age: ________ Sex: _____ Height: ______
3. ______________________ Age: ________ Sex: _____ Height: ______

High Blood Pressure: ______________________
High Cholesterol: ______________________
Diabetes: Heart Disease: Other:

NUTRITION HISTORY

Breasts: __________ Formula: __________ Vitamins: __________
Foods: ______________________
Allergies: ______________________

ILLNESS HISTORY

General Health: ______________________
Allergies: ______________________
Chickenpox: ______________________
Tonsillitis/Pharyngitis: ______________________
Ear Infections: ______________________
Asthma/Bronchitis: ______________________
UTI's
Seizures: ______________________
Other Illness: ______________________
Hospitalization: ______________________
Serious Illness: ______________________
Operations: ______________________
Current Medications: ______________________

HABITS:

Sleep: ______________________ Naps: ______________________
Eating: ______________________ Toilet: ______________________
Thumb Sucking: ______________________ Other ______________________