

Medical History Form for Children <14yrs
Please bring this completed form to your child's office appointment

Name: _____ DOB: _____ Today's Date: _____

Birth History for Patient:

Was the pregnancy full term? **Yes or No** Were there complications with the pregnancy or delivery? **Yes or No**

How much did your child weigh at birth? _____

Past Medical History: Has the child had any of the following Conditions:

- Abdominal problems Frequent Temper Tantrums Pneumonia Any serious injury Hay fever/Sinus Problems
- School Problems Asthma Hearing Problems Seasonal Allergies Behavior Problems
- Heart Problems Seizure Broken Bones Joint/Bone Problems Skills are behind other kids
- Chronic Cough Kidney or Bladder infections Underweight Constipation Many ear infections
- Vision Problem Over Weight Other _____

Any Allergies to Medications? **Yes or No** If yes, please list: _____

Any other allergies? **Yes or No** If yes, please list: _____

Any Medications/Supplements taken frequently? **Yes or No** If yes, please list: _____

Social History:

Child has how many sisters? _____ Brothers? _____

Current Grade in school/Preschool _____ School Attended: _____

Is your child in daycare/after school care? **Yes or No**

Who lives in the home? (list all family members as well as pets, friends etc)

Vaccines:

Has your child received all recommended vaccinations for their age? **Yes or No**

If no, has the child received any of the following: ___DPT ___Hib ___Hep B ___Polio ___MMR ___Pneumococcal
___Varicella (Chicken Pox) ___Flu Shot ___Meningococcal

Did your child suffer any vaccine reactions: ___Fever ___Inconsolable screaming ___Rash ___Excessive lethargy
___Vomiting ___Seizures ___Behaviour change

Family History:

Has any blood relative of your child had: Alcoholism Depression Lung Disease Allergies Diabetes Mental Illness Asthma Drug Addiction Seizures Bleeding Disorder Heart Problems Strokes Blood Clots Heart Vessel Surgery Tuberculosis (TB) Cancer High Blood Pressure Other conditions Deafness High Cholesterol

Parents Signature: _____