NAME_____

BD. _____

PEDIATRIC HISTORY

PRENATAL AND NEONATAL HISTORY:

Birthweight

Pregnancy: Duration (weeks)_____

Illnesses_____ Medications_____ Complications _____

Labor: Duration_____ Complications_____Anesthesia_____

Delivery: Where_____ Physician _____

Cephalic_____ Breech_____ Forceps_____ Other _____

C-Section_____ Reason _____

Complications: _____

Neonatal: Apgar_____ Cry: Immediate_____ Delayed:_____

Respiratory Problems_____ Isolette_____ 02_____ Respirator_____ C-PAP_____

Jaundice: Highest bilirubin_____ Phototherapy_____

Days in Hospital_____ Discharged with Mother_____ Feeding Problems _____

DEVELOPMENTAL HISTORY:

Sat alone_____ Walked_____ Talked _____

Toilet trained at_____ Problems_____

SYSTEMS REVIEW: Any trouble with:

Eyes:
Ears:
Nose:
Throat:
Chest:
Heart:

G.I.:
C.U.:
Orthopedic:
Neurological:
Hematological:
Skin:
Allergies:

BEHAVIOR HISTORY:

Eating problems
Sleep problems
School history:

Dirt or paint eater? _____
Vitamins _____

Currently in Preschool_____ Grade_____ School _____

Grades repeated_____ Performance_____ Behavior_____

Home Problem:

Discipline_____ Temper_____ Friction with siblings _____

Enuresis (after age 4)

Family history of enuresis_____

Counseling received from:

Other problems:

LIST BELOW: Number of persons living in the home

NAME	SEX	BIRTH DATE	RELATIONSHIP	STATE OF HEALTH