

Please read carefully and complete all details required. A complete history enables us to better understand and treat the child.

Date of visit: _____ Reason for visit: _____
Name of child: _____ DOB: _____ Age Including months: _____
Birth History/Motor Development: _____ Length: _____ Term/Preterm: _____
Pregnancy: _____ Child's Health at birth: _____ Newborn Problems: _____

Maternal medication during pregnancy: _____ Immunization: _____
Child's Mental/Motor Development: _____
Previous Hospitalizations: _____
School & Performance: _____
Current Medical Problems(LIST ALL): _____

Current Medications(List All with dose- especially insulin): _____

Present Health of the child: circle problems and explain if possible-leave un-circled of normal

Head	Kidney	Behavior of Eating Habits
Eyes	Bladder	Thyroid
Ears/Nose/Throat	Arms/Legs	Blood
Neck	Nervous System	Scoliosis/Kyphosis
Lungs/Heart	Skin/Allergies	Other

Family History	Age	Height	Weight	Health Condition
Biological Father				
Biological Mother				
Siblings(Full/Half)				
1.				
2.				
3.				
4.				
5.				

When did mother start her first Menstrual Period?
 Fertility problems in the family?
 Who is shortest person on the mother's side of the family and what is their height?
 Who is the shortest person on the father's side of the family and what is their height?
 Was anybody a late bloomer in the family?

Extended Family History; Circle any problems
 DIABETES(Adult/Childhood) PITUITARY PUBERTAL TESTICULAR/OVARIAN
 THYROID LIVER/KIDNEY ADRENAL OTHER
 If so Explain: _____

If the child has diabetes:When was she/he diagnosed? _____
 Space for any additional information of the child's health: _____