

Pediatric Health History

PEDIATRICS 719-522-1134



MRN: _____ (Office use only)

Patient Name: _____ Date of Birth: _____

Name child goes by: _____

ALLERGIES: NONE

Medication: _____

Food: _____

Environmental: _____

MEDICATIONS: NONE

Prescription: _____

Over-the-Counter: _____

DIET: Infant: Breast Formula: _____

Child: Regular Vegetarian Vegan Gluten-free

Other: _____

IMMUNIZATIONS: Up-to-Date Behind NONE

ACTIVE MEDICAL PROBLEMS: NONE

Asthma Allergies ADHD Eczema Diabetic Seizures Ear Infections

Bed Wetting Constipation Recurrent UTI Hypertension

Concussions Depression Glasses

Developmental Delay: Speech Gross Motor Fine Motor Social

Other: _____

PAST MEDICAL:

Birth History: Vaginal C-section Weight: _____

Term Preterm: _____ weeks

Medical History: NONE

Hospitalizations: _____

Specialists seen: _____

Other: _____

