Pediatric Health History

PEDIATRICS 719-522-1134

DaVita Medical Group

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: _____

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Patient Name: _____ **Date of Birth:** _____

Surgical History: ☐ NONE

☐ Ear Tubes ☐ Tonsils ☐ Adenoids ☐ Appendix ☐ Hernia

☐ Other: _____

☐ Fractures: _____

FAMILY HISTORY: ☐ NONE

	Mother	Father	Sibling	Relative
Asthma	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
ADHD	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Migraines	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐

SCHOOL AND ACTIVITIES:

☐ Daycare ☐ Public School ☐ Private School ☐ Home School

Grade: _____ IEP: ☐ Yes

Sports: _____

Activities: _____

FAMILY STRUCTURE:

Parents: ☐ Single ☐ Married ☐ Divorced ☐ Remarried

Custody: ☐ N/A ☐ Joint ☐ Parent _____

☐ Other: _____

Names of Parents: _____

_____

Step-Parents: _____

Siblings: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____