

Date \_\_\_\_\_

### FAMILY MEMBERS

History recorded by \_\_\_\_\_

History given by \_\_\_\_\_

	Birthdate	Ht.	Wt.	Health
Mother				
Father				
Siblings	Birthdate	Sex		

Referred by \_\_\_\_\_

### FAMILY HISTORY OF CHILD

Allergies \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Heart Disease \_\_\_\_\_  
 Hypertension \_\_\_\_\_  
 Kidney Disease \_\_\_\_\_  
 Cancer \_\_\_\_\_  
 Cystic Fibrosis \_\_\_\_\_  
 Hip Dysplasia \_\_\_\_\_  
 Scoliosis \_\_\_\_\_

Thyroid \_\_\_\_\_  
 Sickle Cell \_\_\_\_\_  
 Hemophilia \_\_\_\_\_  
 Mental Retardation \_\_\_\_\_  
 Seizure Disorder \_\_\_\_\_  
 T.B. Contact \_\_\_\_\_  
 Eye Problem \_\_\_\_\_  
 Hearing Loss \_\_\_\_\_  
 Other \_\_\_\_\_

### PAST HISTORY OF CHILD

Pregnancy: full term/premature      Delivery: Vaginal/Caesarian  
 Birth Weight \_\_\_\_\_ Length \_\_\_\_\_  
 Breast/Formula \_\_\_\_\_      Drugs, Tobacco, Alcohol \_\_\_\_\_  
 \_\_\_\_\_  
 Illness \_\_\_\_\_  
 \_\_\_\_\_  
 Hospitalizations \_\_\_\_\_  
 Operations \_\_\_\_\_  
 Drug Reaction \_\_\_\_\_  
 Food Allergy \_\_\_\_\_  
 Pollen Allergy \_\_\_\_\_  
 Medicine taken regularly \_\_\_\_\_  
 Congenital birthmark y/n \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SYSTEMS REVIEW

HEENT \_\_\_\_\_  
 \_\_\_\_\_  
 C.R. \_\_\_\_\_  
 \_\_\_\_\_  
 G.I. \_\_\_\_\_  
 \_\_\_\_\_  
 G.U. \_\_\_\_\_  
 \_\_\_\_\_  
 N.M. \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 Brought shot records      yes or no  
 Previous M.D. \_\_\_\_\_

### DEVELOPMENTAL MILESTONES

SMILES	SITS	STAND	TRANSFERS OBJECTS	WALKS	FINE PINCER	WORDS
PHRASES	KNOWS COLORS	PEDALS TRIKE	TOILET TRAINED DAY	NIGHT TR	RIDES BIKE	TIES SHOES

NWMC-28 6/00

### HISTORY

PATIENT LABEL HERE