

EMERALD PEDIATRICS

MEDICAL HISTORY

Patient's Name: _____ Date of birth: ____/____/____

Sex: Male Female Name of person completing this form: _____

Relationship to patient: Parent Self Guardian Signature: _____

PAST MEDICAL HISTORY	YES	DETAILS
Serious injuries or accidents		
Surgeries		
Hospitalizations		
Chickenpox		
Frequent ear infections or sinus infections		
Pharyngitis/Tonsillitis		
Other infections/illnesses		
Allergic rhinitis or other allergy		
Asthma, bronchitis, bronchiolitis, pneumonia or croup		
Indoor allergens		
Outdoor allergens		
Animals		
Heart problems or heart murmur		
Abdominal pain/GER		
Constipation requiring doctor visits		
Bladder or kidney infection or other urologic problem		
Bed-wetting (after 5 years of age)		
Eye conditions/corrective lenses		
Problems with ears or hearing		
Chronic or recurrent skin problems (acne, eczema, etc.)		
Anemia or bleeding problem		
Blood transfusion		
Frequent headaches		
Seizures, developmental delays, ADD/ADHD or other neurologic disorder		
Mental health concerns		
Orthopedic problems		
Diabetes		
Thyroid or other endocrine problems		
If female, have menstrual periods started?		
If female, any problems with periods?		
Use of alcohol or drugs		
Emotional problems		
Other significant problems		

NEWBORN HISTORY	YES	DETAILS
Gestational age		
Vaginal or C-Section		
Infant blood type/coombs		
Hearing screen Pass or Fail		
Newborn screen Normal or Abnormal		
Adopted age		
Place of birth		
Birth weight		
Birth length		
Multiple birth		
Feeding: breastmilk or formula		
Jaundice		
Circumcision		
Pregnancy complications		
NICU stay		
Other problems		

FAMILY MEDICAL HISTORY	YES	FAMILY MEMBER (Immediate family & grandparents of patient) PLEASE SPECIFY PATERNAL OR MATERNAL
Nasal allergies or other allergies		
Asthma/lung disease		
Heart disease or heart condition		
High blood pressure		
High cholesterol		
Diabetes or other endocrine problem		
Cancer		
Anemia		
Bleeding Disorders		
Epilepsy or convulsions		
Intellectual Disability or developmental disorders		
Neurologic disorder including ADD/ADHD		
Liver disease		
Other GI disease/disorder		
Kidney disease		
Bed-wetting (after 10 years of age)		
Hearing impairment		
Vision impairment or eye disorder		
Immune problems, recurrent infections or HIV/AIDS		
Alcohol abuse		
Drug abuse		
Mental illness		
Tuberculosis		
Additional pertinent conditions		

SOCIAL HISTORY	YES	DETAILS
Who lives at home? (list)		
Custody Agreement		
Siblings		
Pets		
Smokers in the home		
Guns in the home		
Guns are locked & kept separate from ammunition		