

Bambini Pediatrics PC

Wholesome Medical Care for Kids

Name:		Date of Birth: _		MR#
	Pedia	tric Histor	y Question	naire
Family N	lember	Name	Birth Date	Healthy?
Father				-
Mother				
Brothers				
Sisters				
Others living in	household			
<u> </u>				
Are natural pare	ents living together?	If not, ple	ase explain.	
			lain	
Birth Weight:	Was	the baby full term?	If not, how many v	veeks early?
Did your baby h	ave any problems in	the nursery?	f yes, please describe:	
At what age did		nts of newborns may	skip down to family his	tory)
Walk witho			Toilet trained?	
Talk (two v	vords together)?		Stay dry at night?	
Hospitalization	s, major illnesses, a	and Injuries		
Age		Problem		Hospitalized?

Any allergies to food or medication	on? If yes, please list and explain r	reaction.
ist medications and dosages ch	nild is presently taking, including vitamins	s and supplements:
Review of Symptoms: Indicate	which of the following conditions or prol	blems vour child has <i>recently</i> had:
() Eye problems	() Acne	() Stomach pain
) Wears glasses	() Eczema	() Diarrhea
) Wears glasses	() Rashes	() Constipation
) Frequent ear infections	() Nashes	() Constipation
) Difficulty hearing	() Kidney/Bladder infection	() Headaches
) Frequent nose bleeds	() Bedwetting	() Seizures
) Frequent nose bleeds) Frequent sore throats	() beaweiling	() Learning difficulties
) Frequent sore timoats	() Painful periods	() Emotional problems
) Pneumonia	() Irregular periods	() Behavioral problems
• •		() Weight issues
) Asthma or bronchitis Social History:	() Sexually active	() The sign of th
Social History: What does child do in spare time How much times does child sper How is he/she doing in school? Does he/she have good friends?		e computer
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