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**Pediatric Health and Social History »**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Medications Allergies/Reactions: \_\_\_\_\_

**Child's Medical History**

Yes No Has this child had any: If Yes, explain

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|-----|----|--|
| Yes | No | Serious Illness or growth problems                                 |
| Yes | No | Serious accidents or head trauma                                   |
| Yes | No | Hospitalizations   |
| Yes | No | Surgeries  |
| Yes | No | Recurrent Infections (ear, throat or lung)                         |
| Yes | No | Allergies or asthma  |
| Yes | No | Chicken Pox  |
| Yes | No | Urinary tract infections, kidney problems or undescended testicles |
| Yes | No | Seizures   |
| Yes | No | Serious dental problems  |
| Yes | No | Serious reactions to immunizations                                 |
| Yes | No | Learning or developmental problems                                 |
| Yes | No | Speech, hearing or vision problems                                 |
| Yes | No | Emotional or behavioral problems                                   |
| Yes | No | History of physical or sexual abuse                                |

Any prior medical attention or care?

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Current Concerns?

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**Mother's Pregnancy History** (with this child)

What month of pregnancy did you begin prenatal care? \_\_\_\_\_

Health problems during pregnancy?

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# of pregnancies \_\_\_\_\_ # of living children \_\_\_\_\_

**Child's Birth History**

Hospital delivered in \_\_\_\_\_

Full Term? Yes No Child's due date: \_\_\_\_\_

Birth weight \_\_\_\_\_ Length \_\_\_\_\_

Vaginal Delivery \_\_\_\_\_ C-Section \_\_\_\_\_

Complications?

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Baby's health after delivery \_\_\_\_\_

Baby discharged at \_\_\_\_\_ days of age

Child's Diet (Please explain):

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