URGENT CARE of MADISON

PEDIATRIC HEALTH HISTORY QUESTIONNAIRE
Age 0-13 years

Name: _____ DOB: _____
Social Security #:_____ MR#:_____

Maternal History/Birth History:
Vaginal or C section Delivery _____ Any complications of pregnancy? No _____
If yes please explain and any of child's problems at birth_____
_____

Medical History/Past Surgical History:
Hospitalizations/Surgeries:_____
_____
Chronic Health
Problems:_____
_____
Medications:_____
_____
Allergies:_____

Family History:
Mother's Name_____
Father's Name_____
Primary Caregiver if not parents:_____

Does anyone in the family have any of the following? (Please circle)
Anemia Arthritis Bleeding Deafness Diabetes Kidney Disease Birth Defects
Thyroid Disease Asthma Hepatitis HIV Migraines Alcohol/Drug abuse Seizures
Heart Disease Hypertension Cancer Tuberculosis Retardation Emotional Problems Suicide

Social History: Pets_____ Smokers inside/Outside _____
Daycare/school attended_____
Hobbies/Activities/Sports _____

ROS: <u>Do you or have had persistent problems with the following? (Please circle)</u>

GEN: Fever/chills, Sweating
SKIN: Rash/Excessive itching, Eczema
HEM: Bleeding problems, Anemia
HEENT: Headache, Blurred Vision, Earache
RESP: Cough, Wheezing, Snoring
CV: Chest pain, Heart Murmurs
GI: Abdominal pain, Vomiting, Diarrhea
URINARY: Burning, Bedwetting
NEURO: Seizures, Headache
MS: Muscle pain, Back pain, Joint Pain