InterCommunity
Health Care for the Whole Person

InterCommunity School Based Health Centers
Pediatric Patient History

☐ **New Patient** ☐ **Established Patient** **Today's Date:** _____

Parent(s) Name _____

Child's Full Name _____ Date of Birth _____ Gender: ☐ Male ☐ Female

Child's Doctor _____

Child's Medical History ☐ Unknown ☐ No Significant Medical History

Current Medications:

_____

_____

Allergies to Medicines:

_____

_____

Reaction:

_____

_____

This child has been DIAGNOSED with:

- ☐ ADD/ADHD Age: _____
- ☐ Allergies/Hayfever Age: _____
- ☐ Anemia Age: _____
- ☐ Asthma Age: _____
- ☐ Autism Age: _____
- ☐ Bipolar Disorder Age: _____
- ☐ Bleeding/Blood Disorder Age: _____
- ☐ Broken Bones - Details below: _____ Age: _____
- ☐ Cancer - Type: _____ Age: _____
- ☐ Celiac Disease Age: _____
- ☐ Chicken Pox Age: _____
- ☐ Constipation Age: _____
- ☐ Depression Age: _____
- ☐ Developmental Delay Age: _____
- ☐ Diabetes Age: _____
- ☐ Frequent Ear Infections Age: _____
- ☐ Stomach/Bowel Disorder Age: _____
- ☐ Headaches/Migraines Age: _____
- ☐ Heart Conditions Age: _____
- ☐ Infectious Diseases Age: _____
- ☐ Learning Disability Age: _____
- ☐ Pneumonia Age: _____
- ☐ Scoliosis (curved spine) Age: _____
- ☐ Seizures/Epilepsy Age: _____
- ☐ Sickle Cell Anemia Age: _____
- ☐ Stomach Problems Age: _____
- ☐ Skin Issues Age: _____
- ☐ UTI/Bladder Infections Age: _____
- ☐ Other _____ Age: _____

Child's SURGERIES: ☐ None

- ☐ Appendectomy Age: _____
- ☐ Adenoidectomy Age: _____
- ☐ Ear Tubes Age: _____
- ☐ Other _____ Age: _____
- ☐ Other _____ Age: _____
- ☐ Eye Surgery Age: _____
- ☐ Hernia Repair Age: _____
- ☐ Tonsillectomy Age: _____

Child's HOSPITALIZATIONS:

Hospitalization _____ Age: _____

Hospitalization _____ Age: _____

Hospitalization _____ Age: _____

Child's FAMILY HISTORY: Check the diagnoses given to the child's relatives ☐ Unknown

Please circle relationship:

M=Mother, F=Father, S=Siblings, GM=Grandmother, GF=Grandfather, O=Other

Diagnosis of Relative	Relationship to child	Diagnosis of Relative	Relationship to child
☐ ADD	M F S GM GF O	☐ High Blood Pressure	M F S GM GF O
☐ Allergies	M F S GM GF O	☐ High Cholesterol	M F S GM GF O
☐ Anemia	M F S GM GF O	☐ Learning Disability	M F S GM GF O
☐ Asthma	M F S GM GF O	☐ Mental Retardation	M F S GM GF O
☐ Autism	M F S GM GF O	☐ Psychiatric Illness (Depression, Addiction, etc.)	M F S GM GF O
☐ Blood Disorder/ Sickle Cell	M F S GM GF O	☐ Seizures/Epilepsy	M F S GM GF O
☐ Cancer	M F S GM GF O	☐ SIDS (crib death)	M F S GM GF O
☐ Celiac Disease	M F S GM GF O	☐ Stroke before age 55	M F S GM GF O
☐ Diabetes	M F S GM GF O	☐ Sudden Death before age 55	M F S GM GF O
☐ Stomach/Bowel Disorder	M F S GM GF O		
☐ Heart Disease before age 55	M F S GM GF O	☐ Other _____	M F S GM GF O

Social/Environmental

Child lives with:

- ☐ Parent(s): ☐ Together ☐ Apart
- ☐ Mother
- ☐ Father
- ☐ Relative _____
- ☐ Other _____

Adopted ☐

- Smokers live in home with child? ☐ Yes ☐ No
- Child attends day care? ☐ Yes ☐ No
- Pets in the home? ☐ Yes ☐ No
- Well water? ☐ Yes ☐ No
- Home built before 1960? ☐ Yes ☐ No

Other _____

Complete below section if child is less than five years old or if there was a significant/complicated pregnancy history.

Pregnancy/Birth History: *Check all that apply*

Month prenatal care began _____

Weeks of pregnancy _____

Birth weight _____

- ☐ C-section
- ☐ Vaginal

Pregnancy Complications

- ☐ Infections ☐ Diabetes ☐ Pre-eclampsia
- ☐ Multiple Births
- ☐ Other _____

Birth/Newborn Complications

- ☐ Premature? How early? _____
- ☐ NICU stay? How long? _____
- ☐ Other _____

Medications _____

_____

_____

During pregnancy, the child's mother:

- ☐ Smoked? How much? _____
- ☐ Drank alcohol? How much? _____