

MRC: MEDHIST

Patient Name: _____ Date: _____ Account Number: _____

MEDICAL HISTORY WORKSHEET- CHILD

PRIMARY CARE DOCTOR/REFERRING DOCTOR: _____

REASON FOR TODAY'S VISIT: _____

DRUG ALLERGIES: Please list any drug allergies your child may have and the corresponding reactions.

CURRENT MEDICATIONS: Please list your child's current medications and their dosage and frequency.

SURGICAL HISTORY: Please list any of your child's past surgeries and the date these procedures were performed.

FAMILY HISTORY: Please circle any of the conditions below that are present in your **family**.

Hearing Loss / Ear Disease / Problems with Anesthesia / Bleeding Disorders

SOCIAL HISTORY: *Please circle appropriate response*

Child attend daycare? Yes No **Pets in Home:** Yes No *If so, list:* _____

2nd hand smoke exposure? None Minimum Moderate Excessive

Caffeine Consumption: None / Minimal / Moderate / Heavy

ROS: *Has your child experienced any of the following? If so, please CIRCLE the appropriate conditions.*

GENERAL: Unexplained Fevers (Lasting more than 2 weeks) / Night Sweats / Unexplained Weight Loss

SKIN: Rash / Acne / Psoriasis / Eczema

EYES: Blindness / Loss of Vision / Wear Glasses / Wear Contacts

EARS: Loss of Hearing / Ringing / Ear Fullness-Pressure / Drainage / Pain / Wax Impaction

HEART / CIRCULATION: Heart Murmur / Heart Defects

RESPIRATORY: Restrictive Airway Disease / Asthma / RSV / Pneumonia / Snoring / Sleep Apnea

GASTROINTESTINAL: Esophageal Reflux / Chronic Diarrhea / Chronic Constipation / Eating Disorder

NEUROLOGICAL: Seizures / Epilepsy / Head Injuries / Headaches

ENDOCRINE: Thyroid Problems / Pituitary Disorder / Adrenal Problems / Diabetes

HEMATOLOGIC/LYMPHATIC: Anemia / Bleeding Disorder / Lymphoma / Leukemia

CANCER: History of Cancer? Describe _____

ALLERGIC/IMMUNOLOGICAL: Hay Fever / Seasonal Allergies / Environment Allergies **If yes, what type?**

_____ **Receiving Allergy Injections?** Yes / No

CHILDHOOD DISEASES: Chicken Pox / Kawasaki Disease / Measles / Mumps / Rheumatic Fever / Scarlet Fever

IMMUNIZATIONS UP TO DATE? Yes No If no, what's missing _____

GUARDIAN SIGNATURE _____ **PHYSICIAN SIGNATURE** _____