



CONFIDENTIAL PEDIATRIC HEALTH RECORD

NEW PATIENT
REACTIVATE
OTHER



PLEASE PRINT: _____ DATE: _____
 CHILD'S FULL NAME _____ PARENT'S HOME PHONE _____
 PARENT'S FULL NAME _____ PARENT'S WORK PHONE _____
 PARENT'S STREET/P.O. ADDRESS _____
 CITY/STATE/ZIP _____
 WHAT IS YOUR CHILD'S BIRTHDATE? _____ HOW OLD IS YOUR CHILD? _____ CHILD'S S.S.# _____



HISTORY OF THE PRESENT ILLNESS/INJURY

PLEASE BE SPECIFIC:

CHIEF COMPLAINT

PLEASE DESCRIBE YOUR CHILD'S PAIN OR CONDITION

PLEASE BE SPECIFIC: CONSTANT, COMES AND GOES, GETTING BETTER/WORSE, STAYING THE SAME, ETC.

FOR WHAT CONDITION ARE YOU CONSULTING THE DOCTOR? _____

WHEN DID IT BEGIN? _____

SINCE THAT TIME, HAS THE PROBLEM GOTTEN BETTER WORSE STAYED THE SAME?

HOW DID IT OCCUR? _____

DO THE SYMPTOMS CHANGE WITH THE TIME OF DAY? _____

LIST ANY VISIBLE BUMPS, SCRAPES, CUTS, ETC. ON YOUR CHILD: _____

YES NO

HAS THERE BEEN A CHANGE IN YOUR CHILD'S EATING HABITS? IF SO, WHAT? _____

HAS THERE BEEN A CHANGE IN YOUR CHILD'S SLEEPING HABITS? IF SO, WHAT? _____

DOES YOUR CHILD CRY IF A PARENT ATTEMPTS TO CHANGE ITS SLEEPING POSITION? _____

DOES YOUR CHILD WAKE UP CRYING FREQUENTLY AT NIGHT? _____

ARE THERE ANY OTHER ALTERATIONS OF YOUR CHILD'S NORMAL SLEEP PATTERNS? _____

DOES YOUR CHILD HAVE A FEVER OF UNKNOWN ORIGIN? _____

DOES YOUR CHILD HAVE A LOSS OF APPETITE OR OTHER RECENT EATING DISORDERS? _____

DOES YOUR CHILD HAVE A RECENT CHANGE IN "BATHROOM" HABITS? _____

HAS YOUR CHILD RECENTLY BECOME IRRITABLE / RESTLESS / GRUMPY, ETC.? _____

WHAT MAKES THE CONDITION BETTER?

HEAD NECK _____

MID BACK _____

LOW BACK _____

SHOULDER, ARM, HAND _____

HIP, LEG, FOOT _____

OTHER _____

WHAT MAKES THE CONDITION WORSE?

HEAD NECK _____

MID BACK _____

LOW BACK _____

SHOULDER, ARM, HAND _____

HIP, LEG, FOOT _____

OTHER _____

LEVEL OF HISTORY OF PRESENT ILLNESS/INJURY (OFFICE USE ONLY)

_____ BRIEF (01, 02, 12, 13)

_____ EXTENDED (03, 04, 05, 14, 15)

NATURE OF PRESENTING PROBLEM (OFFICE USE ONLY)

_____ MINIMAL (11)

_____ LOW SEVERITY (02, 13)

_____ HIGH SEVERITY (04, 05, 15)

_____ MINOR/SELF LIMITED (01, 12)

_____ MODERATE SEVERITY (03, 14)



PAST MEDICAL HISTORY

YOUR CHILD'S BIRTH:

WAS THE CHILD'S DELIVERY VAGINAL OR CESAREAN? _____

WAS THE CHILD BORN HEAD DOWN BREECH OR SHOULDER DOWN? _____

YES NO WERE EXTRACTION AIDS (FORCEPS/SUCTION) USED DURING DELIVERY? _____

YES NO WAS LABOR PROLONGED? HOW LONG WAS LABOR? _____

YES NO WAS THERE MORE THAN ONE FETUS? _____

