

PEDIATRIC ASSOCIATES OF NORTH TEXAS

PATIENT DATA

Patient's Name _____ Date of Birth _____

Family History: Is there any history of the following illnesses in your family? (Go back to child's great grandparents)

	YES	NO	DETAILS
1. Allergies (asthma, hay fever, eczema)	_____	_____	_____
2. Birth Defects	_____	_____	_____
3. Bleeding Disorders (hemophilia, etc.)	_____	_____	_____
4. Eye Problems (squint, cross-eyed, etc.)	_____	_____	_____
5. Ear Problems (deafness, infections)	_____	_____	_____
6. Diabetes	_____	_____	_____
7. Heart Trouble	_____	_____	_____
8. Kidney Disease	_____	_____	_____
9. Mental Retardation	_____	_____	_____
10. High Blood Pressure	_____	_____	_____
11. Obesity	_____	_____	_____

Name any other illnesses that seem to run through either side of your family _____

Hospitalization:

Age _____ Problem _____

Birth History:

Term _____ Premature _____ Weight _____
 Any problems? _____

Check if more _____

Allergies: Does your child have any allergies? _____ Drug _____ Food _____

Medications: List names of drugs your child has taken over a long period _____

Systematic Review: Answer YES or NO if your child has ever had the following:

	YES	NO		YES	NO
1. Head:			9. Abdomen:		
Skull fracture	_____	_____	Yellow jaundice	_____	_____
Concussion / loss of consciousness	_____	_____	Bloody bowel movements	_____	_____
2. Eyes:			Frequent abdominal pain	_____	_____
Difficulty seeing	_____	_____	Frequent diarrhea	_____	_____
Eyes crossing	_____	_____	10. Urinary Tract:		
3. Ears:			Pain, frequency, or		
Frequent infection	_____	_____	burning on urination	_____	_____
Hearing loss	_____	_____	Repeated infections	_____	_____
Placement of ear tubes	_____	_____	Blood in urine	_____	_____
4. Nose:			Swelling of eyes/ankles	_____	_____
Frequent sneezing/rubbing	_____	_____	11. Blood:		
5. Throat:			Anemia	_____	_____
Frequent strep throat	_____	_____	Excessive bruising	_____	_____
6. Neck:			12. Extremities:		
Enlarged glands	_____	_____	Weakness, limp, paralysis	_____	_____
Enlarged thyroid	_____	_____	Joint swelling	_____	_____
7. Heart:			13. Neurological:		
Heart murmur ever been heard	_____	_____	Frequent, severe headaches	_____	_____
Blue spells	_____	_____	Convulsions or fits	_____	_____
Irregular heart beat	_____	_____	Fainting or black-outs	_____	_____
8. Lungs:					
Pneumonia	_____	_____			
Tuberculosis	_____	_____			
Asthma	_____	_____			
Wheezing	_____	_____			