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Pediatric Medical History (3-12 years old)

Child's name: _____ Birthdate: _____ Today's Date: _____

Medical History

Has your child ever had a urinary tract infection? Yes No (If Yes, what age? _____)
Has your child ever been diagnosed with asthma or wheezing? Yes No (If Yes, what age? _____)
Has your child ever had any medical problems? Yes No Specify: _____

Has your child ever had any fractures, concussions, or other serious injury? Yes No Specify (include age):

Does your child have any allergies? Yes No (If Yes, specify): _____
Does your child see any specialists? Yes No (If Yes, who?): _____
Has your child ever received Occupational, Physical or Speech therapies? Yes No Explain: _____

Surgeries or hospitalizations (where the patient was admitted to the hospital):
Age: _____ Reason: _____ Age: _____ Reason: _____

Family History

Does anyone in your family listed below have any chronic diseases/illnesses (Like diabetes, heart attacks, strokes, depression, asthma, cancer, thyroid) or any other diseases we should know about? Check alive or deceased. If no health issues, check healthy.

Foster Care Adopted
Father: Alive Deceased Healthy Other Explain: _____
Mother: Alive Deceased Healthy Other Explain: _____
Siblings: Alive Deceased Healthy Other Explain: _____
Father's Father: Alive Deceased Healthy Other Explain: _____
Father's Mother: Alive Deceased Healthy Other Explain: _____
Mother's Father: Alive Deceased Healthy Other Explain: _____
Mother's Mother: Alive Deceased Healthy Other Explain: _____

Social History

Diet: Regular Vegetarian Vegan Gluten Free Diabetic
Exercise: None Occasional Moderate Heavy
Sporting Activities: _____ Bully/Bullying: Yes No
Year in school: _____ Grades in school: _____
Parents marital status: Married Unmarried Separated Divorced Widowed
Home situation: Both Parents Mother Father Relative Adopted Foster
Smoke/CO Detectors in home? Yes No
Guns in home? Yes No Smoke exposure? Yes No — Outside Inside
Seat belt or car seat used? Yes No Bike helmets used? Yes No Animal Exposure? Yes No