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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