

Watoto Pediatric & Adolescent Specialty, LLC

Patient History Form

Child's Name _____ Date of Birth _____ Gender _____

Allergies _____

Medications _____

Birth History	Y/N		Y/N
Any problems during pregnancy?	[]	Any problems during labor or delivery?	[]
Was baby full term (38-40 weeks)?	[]	Any problems during the nursery stay?	[]
What was the baby's birth weight? _____			

Please list any hospitalizations, surgeries, injuries, chronic, or major illnesses:

Date	Hospital/Doctor's Name	Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient General History - If the patient has experienced any of the following symptoms, please check:

Frequent ear infections	[]	Frequent stomachaches	[]
Frequent colds/sore throats	[]	Chronic diarrhea/constipation	[]
Seasonal allergies	[]	Abnormal weight gain/loss	[]
Croup	[]	Kidney problems or infections	[]
Wheezing/chronic cough	[]	Anemia/blood problems	[]
Bronchitis/ Pneumonia	[]	Delayed development	[]
Eye problems	[]	Behavior problems	[]
Hearing problems	[]	Learning problems/disabilities	[]
Eczema/skin problems	[]	Emotional disorders	[]
Heart murmur/condition	[]	Seizures/ convulsions	[]
Frequent headaches	[]	Other _____	[]

Family History - Do any members of the family have the following, please check:

Allergies/Hay fever	[]	Asthma/Wheezing	[]
Early heart disease (age 50 or less)	[]	High blood pressure	[]
Early unexpected death	[]	Thyroid problems	[]
Diabetes	[]	Seizures/Epilepsy	[]
Kidney problems	[]	High cholesterol Disorders	[]
Liver diseases	[]	Immune problems	[]
Bladder problems	[]	Cancer	[]

Name of Siblings	Relation to child	Health problems