Metrolina Medical Associates

Initial Visit History—Pediatric

				DOB:		Patient's Name:			
Age:	Age: _				Mother's Name: Father's Name:				
			Yes □ No		•	•	l History: Is your ch		
							ewborn History:	Maternal and Ne	
3 day measles)	ıbella (3 day	□ Ru			Toxemia			☐ Excessive wt. g	
□ Venereal Disease				et Infections	Urinary Trac			☐ Excessive swel	
		☐ Full Term ☐ Premature			Birth ☐ Vaginal ☐ Caesarean Section Baby's Birth Weight				
				\square No	ease explain)	? □ Yes (ple	ficult or complicated?	Was delivery diff	
) □ No	explain) \square 1	Yes (please e	ons etc.)? 🗆 Y	ndice, infection	reathing, jaur	e hospital (b	y trouble while in the	Did baby have an	
· 							-	<u> </u>	
☐ Jaundice☐ Multiple formula changes		□ Recurrent diarrhea□ Blood in stools□ Slow weight gain			Newborn (check problem areas) ☐ Feeding problems ☐ Colic ☐ Recurrent vomiting ☐ Other (please explain)				
								Newborn feeding	
			ormula					☐ Breastfed	
			nd	Bra				For how long?	
ate	Date	Date	Date	Date	Date	Date	Immunizations		
							НерВ		
	 								
1	<u> </u>						Varicella		
							HepA MCV4		
			nd	gain	Slow weight		iting xplain)	☐ Colic ☐ Recurrent vom: ☐ Other (please ex Newborn feeding ☐ Breastfed	

Reactions to immunizations (which ones and describe reaction)	Please check all that apply ☐ Allergies (please list)								
□ Hospitalizations since birth (please list reason and age) □ Serious injuries (please describe) □ Current medications (please list) □ Churck it paints (P) or a member of the patient's family [father (F), mother (M), sibling(S) or grandparent (G)] have had the following illnesses or problems. List the appropriate initial after each. □ Allergies □ □ Heart attack/stroke before □ Seizures □ Cholesterol problems □ Asaltma □ □ Tuberculosis □ Caneer □ Alcohol or drug use □ Diabetes □ Emotional or □ □ Alcohol or drug use □ Diabetes □ Emotional or □ □ Alcohol or drug use □ Diabetes □ Chronic cough □ recreational drugs during Prequent respiratory □ Pat rubes □ preganacy □ Infections □ Stomach problems □ Other (please list) □ High blood pressure □ Crowth problems □ Other (please list) □ High blood pressure □ Growth problems □ Other (please list) □ Development and Behavior: □ Please answer the following □ At what age did this child is failed ist alone? □ What grade (or daycare) does he/she attend? □ At what age did this child walk alone? □ Has child had any trouble at school? □ Did hc/she say words by 18 months old? □ Does hc/she get along with peers? □ Safety/Environment: □ Please answer the following □ Does hc/she get along with peers? □ No Is there a working smoke alarm on each floor of your home? □ Yes □ No □ Does this child always use a child safety seat, booster seat, or seat belt when riding in a vehicle? □ Yes □ No □ Are there any guns in the home? □ Yes □ No □ Are there any guns in the home? □ Yes □ No □ Does this child always wear a helmet when riding a bike, roller-blading or skate boarding? □ Yes □ No □ Does this child always wear a helmet when riding a bike, roller-blading or skate boarding? □ Yes □ No □ Additional									
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Anemia	□ Allancias	□ Heart attacle/atrales heafas	□ Coi						
□ States □ Cancer □	☐ Anomio								
□ Diabetes □ Drug Allergies □ Drug □ Drug Allergies □ Drug	Acthma	Tuberaulosis	Choiesteror problems						
Drug Allergies									
□ Eczema			· · · · · · · · · · · · · · · · · · ·						
Hequent respiratory	□ Drug Allergies	Chronic cough							
Growth problems Growth problems Other (please list) High blood pressure Growth problems Other (please list) High blood pressure Growth problems Growth problems Other (please list) High blood pressure Growth problems Growth problems Other (please list) List name, age, gender and general health of patient's siblings Are this child's parents in good health? Yes No (explain) Development and Behavior: Please answer the following At what age did this child sit alone? Has child had any trouble at school? Did he/she say words by 18 months old? Does he/she get along with peers? Did he/she say words by 18 months old? Does he/she get along with peers? Safety/Environment: Please answer the following Does child live in a private home apartment mobile home other Do you know the hottest temperature setting of the water in your pipes? Yes No Is there a working smoke alarm on each floor of your home? Yes No Does this child always use a child safety seat, booster seat, or seat belt when riding in a vehicle? Yes No Are there any smokers living with this child? Yes No Are there any problems with the condition of the child's home (peeling paint, bad plumbing/wiring, pests etc)? Yes No Does this child always wear a helmet when riding a bike, roller-blading or skate boarding? Yes No Additional	□ Eczellia		recreational drugs during						
□ High blood pressure □ Growth problems □ Growt	infactions	Stomach problems	pregnancy						
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