

# TUCSON CENTRAL PEDIATRICS, P.C.

## HISTORY FORM

Child's name \_\_\_\_\_ Child's date of birth \_\_\_\_\_ Child's sex \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Guardian's name (if different) \_\_\_\_\_

Previous residences and travel \_\_\_\_\_

### **Birth History**

Place \_\_\_\_\_

Mother's age \_\_\_\_\_

Mother's blood type \_\_\_\_\_

Problems during pregnancy \_\_\_\_\_

Problems during labor \_\_\_\_\_

Problems during delivery \_\_\_\_\_

Birth weight \_\_\_\_\_

Breast or formula fed \_\_\_\_\_

Feeding problems \_\_\_\_\_

### **Developmental History (give ages)**

Sat alone \_\_\_\_\_

Walked alone \_\_\_\_\_

First word \_\_\_\_\_

Toilet trained \_\_\_\_\_

Speech defects \_\_\_\_\_

Hearing defects \_\_\_\_\_

### **Medical History**

Family / Patient

Tuberculosis \_\_\_\_\_ / \_\_\_\_\_

HIV or AIDS \_\_\_\_\_ / \_\_\_\_\_

Hepatitis \_\_\_\_\_ / \_\_\_\_\_

Diabetes \_\_\_\_\_ / \_\_\_\_\_

Seizures \_\_\_\_\_ / \_\_\_\_\_

Intestinal problems \_\_\_\_\_ / \_\_\_\_\_

Asthma \_\_\_\_\_ / \_\_\_\_\_

Kidney disease \_\_\_\_\_ / \_\_\_\_\_

Heart disease \_\_\_\_\_ / \_\_\_\_\_

Blood disease \_\_\_\_\_ / \_\_\_\_\_

Psychiatric problems \_\_\_\_\_ / \_\_\_\_\_

### **Contagious Diseases (give dates)**

Chickenpox \_\_\_\_\_ Pertussis \_\_\_\_\_

German measles \_\_\_\_\_ Mumps \_\_\_\_\_

7 day measles \_\_\_\_\_ Polio \_\_\_\_\_

Strep infections \_\_\_\_\_

Ear infections \_\_\_\_\_

Other previous illnesses \_\_\_\_\_

Previous surgeries \_\_\_\_\_

Previous hospitalizations \_\_\_\_\_

Parent's health \_\_\_\_\_

Siblings (ages and health) \_\_\_\_\_ Previous injuries \_\_\_\_\_

Known sensitivity to medicines or food \_\_\_\_\_

Other comments or health concerns \_\_\_\_\_

