

PEDIATRIC SHEET

PATIENT'S NAME _____ AGE _____

REASON FOR TODAY'S VISIT _____

MEDICATIONS

List present medications & dosage: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Allergic to any medications? YES NO (Please List) _____

Has your child taken any of the following: Penicillin Amoxicillin Augmentin Erythromycin Biaxin Zithromax
 Bactrim/Septra Sulfa Pediazole Gantrisin Ceclor Cefzil Lorabid Ceftin Cedax Suprax Vantin

List any prior hospitalizations/operations with dates:

List any serious illnesses or injuries with dates:

Does the child have or had in the past:

- Asthma Cough Snoring Mouth Breathing Restless Sleeping Nasal Discharge
 Sore Throat Strep Infections Tonsillitis Bad Breath Scarlet Fever
 Hearing Loss Ear Infections Ear Discharge Hoarseness Difficulty Swallowing Thyroid Problems
 Seizures Eye Problems Diabetes Mononucleosis Croup
 Heart Problems Head Injury Bronchitis RSV Lyme Disease Headaches

Does anyone in the family smoke? YES NO Does your child smoke? YES NO

Has/Is the child seeing an allergist? YES NO Received shots? YES NO

Does the child or anyone in the family have a bleeding problem (easy bruising, slow blood clotting)? YES NO

Has anyone in the family had an unfavorable reaction to anesthesia? YES NO

If yes, please explain: _____

Is there a family history of hearing loss? YES NO

FAMILY HISTORY (check any that apply):

- Asthma Diabetes Tuberculosis High Blood Pressure Stroke Autoimmune Disease
 Heart Disease Headaches Allergies Cancer Thyroid Disease

Were there any complications during pregnancy or delivery? YES NO If yes, explain: _____

Was the child kept in the hospital more than 48 hrs. after birth? YES NO If yes, explain: _____

Is there anything else about the child's medical history that might be helpful for the doctor to know?

I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in the above information. I authorize the release of any medical information necessary to process an insurance claim.

SIGNATURE PARENT/GUARDIAN: _____ DATE: _____