Child's Health History

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Today's date_____

Child's Name_____ Age_____

Birth date_____ Height_____ Weight_____

Mother or guardian's name_____

Mother or guardian's address_____

Mother or guardian's phone number_____ work or cell phone_____

Father's or guardian's name_____

Father or guardian's address_____

Father or guardian's phone number_____ work or cell phone_____

Emergency contact_____phone_____

Child's main complaint_____

Is there a diagnosis for your child's condition?_____

How long has your child had this condition?_____

Please list other complaints/concerns in order of importance:

1)_____ length of time _____

2)_____ length of time_____

3)_____ length of time_____

4)_____ length of time _____

Please list current medications, supplements, homeopathics or herbs taken:_____

_____

Please list surgeries, traumas or hospitalizations and dates: _____

_____

Please describe any complications at birth? _____

Cesarean___ vaginal delivery____ Apgar , if known?_____

Any developmental delays?_____

At what age did the child: talk _____ walk _____first tooth _____toilet train_____

Immunizations: standard_____ none_____ Please check which immunizations your child has had*, if they are not standard*: ☐ Hep B ☐ Dtap ☐ Hib ☐ Polio ☐ Pcv ☐ Mmr ☐ Var ☐ Hep A

Any reactions to immunizations?_____

Please list allergies to food, pets, plants, medications etc._____

_____

Please check the following if current or past:

repeated chest infections ☐ mononucleosis ☐ c hicken pox ☐

lingering cough ☐ unexplained recurrent fevers ☐ whooping cough ☐

nightmares/terrors ☐ phlegm ☐ ear infections ☐

painful teething ☐ urinary tract infection ☐ tonsillitis ☐

_____ other ☐ HIV ☐ pneumonia ☐

Please describe what the child eats on a typical day or what she/he ate yesterday:

Breakfast_____

Lunch_____

Snacks_____

Dinner_____

Significant family health history:_____

_____

What are your child's favorite and least favorite activities?_____

_____

Signature of parent or guardian_____ Date_____