



**Wattles Park Family Practice  
Pediatric /Adolescent History**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**History:**

**Prenatal/Neonatal**

Term or Premature \_\_\_\_\_

Mode of delivery: Vaginal or C-Section \_\_\_\_\_

Length \_\_\_\_\_ Weight \_\_\_\_\_

Exposure to Drugs/Alcohol in pregnancy? \_\_\_\_\_

**Past Medical History:**

Surgeries/Hospital stays Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Illnesses:**

Anemia \_\_\_\_\_ Diarrhea \_\_\_\_\_  
Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Diabetes \_\_\_\_\_ Eczema \_\_\_\_\_  
Scoliosis \_\_\_\_\_ Broken bones \_\_\_\_\_  
Liver disease \_\_\_\_\_ Eye Problems \_\_\_\_\_  
Ear Problems \_\_\_\_\_ TB \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Congenital Problems \_\_\_\_\_

**Immunizations:** (Are they up to date?) Y N

Do you have any concerns with your child's development or progress in school? Y N

**Family History:** (Father/Mother/Sibling)

Breast Cancer \_\_\_\_\_  
Colon Cancer \_\_\_\_\_  
Heart Disease \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_  
Stroke \_\_\_\_\_  
SIDS \_\_\_\_\_

Bleeding disorder \_\_\_\_\_  
Kidney disorder \_\_\_\_\_  
Thyroid disease \_\_\_\_\_  
Mental Illness \_\_\_\_\_  
SIDS \_\_\_\_\_  
Other \_\_\_\_\_

**Social & Environmental History:**

Who does the child live with? \_\_\_\_\_

Is the child adopted? Y N

Are there smoke detectors in the home? Y N

Does the child have a seat belt/car seat? Y N

Is there a gun in the home? Y N If yes is it out of the child's reach? Y N

Does your child wear a bike helmet? Y N

Is the home a tobacco free home? Y N

Is the child in school or day care? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_