Express Care+
An affiliate of Newman Regional Health

Patient History - Peds

Today's Date_____

Patient Name: _____ **Date of Birth** _____

Primary Language Spoken in Home _____ **Name of Guardian** _____

Current Medications:

_____

_____

_____

Current Allergies:

_____

_____

_____

Pharmacy: _____

Primary Care Physician: _____

Personal Medical History:

- ☐ ADD/ADHD
- ☐ Abdominal Pain
- ☐ Acne
- ☐ Allergic Rhinitis
- ☐ Allergies
- ☐ Anemia
- ☐Asthma
- ☐ Bleeding Disorder
- ☐ Bronchiolitis
- ☐ Bronchitis
- ☐ Chicken Pox
- ☐ Concussion/CHI
- ☐ Congenital Heart Disease
- ☐ Constipation
- ☐ Diabetes
- ☐ Eczema
- ☐ Fracture
- ☐ Frequent Ear Infections
- ☐ GERD
- ☐ Headaches
- ☐ Hearing Problems
- ☐ Prematurity
- ☐ Pyelonephritis
- ☐ Seizure Disorder
- ☐ Seizures – febrile
- ☐ UTI
- ☐ Other:_____
  _____

Surgical History:

	Year		Year		Year
☐ Appendectomy	_____	☐ Fracture	_____	☐ PET Placement	_____
☐ Hernia Repair	_____	☐ Tonsillectomy	_____	☐ Umbilical Hernia	_____
☐ Dental Surgery	_____	☐ Adenoids Removed	_____	☐ Other: _____	_____

Family History: Circle M – mother; F – father

☐ Deceased	**M**	**F**	☐ CVA (stroke)	**M**	**F**	☐ Mental Illness	**M**	**F**
☐ Alcoholism	**M**	**F**	☐ Depression	**M**	**F**	☐ Migraine Headaches	**M**	**F**
☐ Allergies	**M**	**F**	☐ Diabetes	**M**	**F**	☐ Osteoporosis	**M**	**F**
☐ Asthma	**M**	**F**	☐ Eczema	**M**	**F**	☐ Peripheral Vascular Disease	**M**	**F**
☐ Coronary Artery Disease	**M**	**F**	☐ High Cholesterol	**M**	**F**	☐ Renal Disease	**M**	**F**
	M	**F**	☐ High Blood Pressure	**M**	**F**	☐ Seizure Disorder	**M**	**F**
☐ Cancer: type:_____	**M**	**F**	☐ Other: _____	**M**	**F**	☐ Other: _____	**M**	**F**