NEWMAN REGIONAL HEALTH EXPRESS CARE

Patient History - Pediatric

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Resides With: _____

Current Medications: _____

Current Allergies: _____

Preferred Pharmacy: _____ Primary Care Provider: _____

Past Medical History

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

Surgical History:

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

Family History: circle M – mother; F – father

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