



Corina B. Going, ND

3402 6<sup>th</sup> Avenue • Tacoma, Washington 98406 • (253) 341-9410

**PEDIATRIC HISTORY**

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_

**BIRTH HISTORY**

Birth Weight \_\_\_\_\_ Birth length \_\_\_\_\_

Due date (or delivered time or # weeks early or late) \_\_\_\_\_

Problems during pregnancy or delivery \_\_\_\_\_

Problems after delivery for infant \_\_\_\_\_

Feeding: Breast or formula (circle one or both) How long each? \_\_\_\_\_

Any feeding problems or food allergies? Describe \_\_\_\_\_

**DEVELOPMENT AND SOCIAL HISTORY**

Please give ages for the following milestone:

Sat up \_\_\_\_\_ First tooth \_\_\_\_\_ Toilet trained \_\_\_\_\_

Walked \_\_\_\_\_ First words \_\_\_\_\_ Short sentences \_\_\_\_\_

Any problems with speech? \_\_\_\_\_

Any problems with behavior? \_\_\_\_\_

School or preschool problems? \_\_\_\_\_

List family members and ages (mom, dad, brothers, sisters) \_\_\_\_\_

Who lives with the child (list names of all household members) \_\_\_\_\_

**GENERAL HISTORY**

Prior physician or clinic \_\_\_\_\_

Medicine allergies (describe reaction) \_\_\_\_\_

Hospitalizations (when and for what) \_\_\_\_\_

Surgeries (when and what type) \_\_\_\_\_

Describe major accidents, head injuries, poisonings, stitches, broken bones \_\_\_\_\_

Current medications (include vitamins, fluoride, over the counter drugs) \_\_\_\_\_

Last dental checkup \_\_\_\_\_ Problems? \_\_\_\_\_

Last physical exam \_\_\_\_\_ Age at last shot \_\_\_\_\_ Up to date? \_\_\_\_\_

Check any that your child has had:

- |                                   |                       |                      |
|-----------------------------------|-----------------------|----------------------|
| Asthma                            | Heart murmur          | Anemia               |
| Urinary tract infection (bladder) | Chicken pox           | Pneumonia            |
| Ear infections (how many _____)   | Seizures              | Stomach aches        |
| Hepatitis or jaundice             | Acne                  | Headaches            |
| Eczema/skin problems              | Hearing problems      | Leg or foot problems |
| Eye problems/glasses              | Undescended testicles |                      |
| Bedwetting after age 7            | Other _____           |                      |

**FAMILY HISTORY**

Check any that a relative has had:

- |                   |                       |                     |
|-------------------|-----------------------|---------------------|
| Asthma            | Alcoholism/drug abuse | High blood pressure |
| Bleeding problems | Heart attack          | Sickle cell anemia  |
| Seizures          | Diabetes              | Cancer              |

Are there smokers in your household? Who? \_\_\_\_\_