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## 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

Urinary tract infection (bladder)

Ear infections (how many \_\_\_\_\_)

Hepatitis or jaundice

Eczema/skin problems

Eye problems/glasses

Bedwetting after age 7

Heart murmur

Chicken pox

Seizures

Acne

Hearing problems

Undescended testicles

Anemia

Pneumonia

Stomach aches

Headaches

Leg or foot problems

Other \_\_\_\_\_

### FAMILY HISTORY

Check any that a relative has had:

Asthma

Bleeding problems

Seizures

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

Alcoholism/drug abuse

Heart attack

Diabetes

High blood pressure

Sickle cell anemia

Cancer