

PEDIATRIC CASE HISTORY

PREGNANCY HISTORY: _____

DELIVERY / BIRTH HISTORY: _____

DEVELOPMENTAL HISTORY: AT WHAT AGE DID THE CHILD:
 _____ RESPOND TO SOUND _____ CRAWL
 _____ FOLLOW AN OBJECT WITH HIS/HER EYES _____ STAND
 _____ HOLD HEAD UP _____ WALK ALONE
 _____ SIT ALONE _____

CHILDHOOD DISEASES: _____ CHICKENPOX _____ RUBELLA
 _____ MUMPS _____ RUBEOLA
 _____ MEASLES _____ WHOOPING COUGH

OTHER: _____

HAS THIS CHILD EVER SUFFERED FROM:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Backaches | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Chronic Earaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Colds/Flu |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Neuritis | <input type="checkbox"/> Digestive Disorders | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sugar Concentration | <input type="checkbox"/> Behavioral Problems |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Muscle Jerking |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Walking Problems | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Ruptures / Hernias |
| <input type="checkbox"/> Neck Problems | <input type="checkbox"/> Arm Problems | <input type="checkbox"/> Leg Problems | <input type="checkbox"/> "Growing Pains" |
| <input type="checkbox"/> Joint Problems | | | |

PRESENT HISTORY: _____

SURGERY: _____

MEDICATIONS: _____

ACCIDENTS: _____

FAMILY HISTORY: _____