OSLER
PEDIATRICS

Pediatrics Health History

Please circle yes (Y) or no (N), explain where required. N/A = Not applicable.

Completed by:_____ Relation:_____

Previous medical care – Dr._____ Dental care: Y / N Eye exam: Y / N

Pregnancy & Birth Mother's age at pregnancy?_____
Any illness during pregnancy? Y / N_____
Medications during pregnancy? Y / N_____
(excluding vitamins & iron) _____
Smoking/alcohol/street/illicit drugs during pregnancy? __
_____
Was baby early, late or on time? _____
Type of delivery? _____ Birth Wght_____ Lgth_____
Complications? Y / N_____ Apgars_____
Problems with /baby at birth? Breathing Y / N
Jaundice Y / N Other_____
Problems soon after? Y / N _____
Nursery or at home?

Past Medical History
Allergic reactions? Medicine Y / N Food Y / N
Animals Y / N Insect bites Y / N _____
Medications taken on a regular basis (exclude vitamins)_
_____
Immunizations up to date? Y / N Shot records? Y / N
Hospitalizations (when-where-why?) _____
_____
Serious injuries (when-where)? _____
_____
Red measles Y N Mumps Y N German (3 day) measles Y N
Chickenpox Y N Whooping cough Y N Rheumatic fever Y N
Scarlet fever Y N Asthma/wheezing Y N Eczema/hives Y N
Recurrent infections (3 or more): Ear Y N Throat Y N
Seizures Y N Bleeding tendency Y N Anemia Y N
Hepatitis Y N Problems w/Hearing Y N Vision Y N
Blood transfusions Y N Other:

Feeding & Nutrition Food allergies:_____
Appetite usually good? Y / N _____
Colic or feeding problems during first 3 mos? Y / N
Breast fed? Y / N Number of months_____
Formula? Y / N Current brand_____
Vitamins? Y / N Brand_____ Fluoride ? Y / N
Special diet? Y / N _____

Family Profile Parents: married / separated / divorced
Guardianship of children (if different than normally expected) _____
Father's age ____ Highest school grade ___ Health?_____
Mother's age ____ Highest school grade ___ Health?_____
List child's brothers and sisters and their ages:_____
_____
Additional comments:_____

Family Medical History List all relatives of your child who have had the following problems – use abbreviations: (F) Father, (M) Mother, (S) Sister, (B) Brother, (MM) Mother's Mother, (MF) Mother's father, (FM) Father's mother, (FF) Father's father, (A) Aunt, (U) Uncle, (C) Cousin
Anemia/blood disorder_____ AIDS_____
Asthma_____ Epilepsy/seizures_____
Mental retardation_____ Birth defects_____
Drug problem_____ Alcoholism_____
Cancer_____ Cystic Fibrosis_____
Musc. Dystrophy_____ Tuberculosis_____
High blood pressure_____ Diabetes_____
Cholesterol problem_____ Arthritis_____
Heart disease_____ Migraines_____
Sudden Infant Death _____ Hearing loss_____
Other:

Development & Behavior Age at which child:
Sat alone_____ Walked_____ Used sentences_____
Toilet trained_____ Bicycled_____
Development compared to other children_____
Grade in school_____ Problems in school? Y / N
If yes, what problems?_____
Learning problems?_____
Getting along with other children? Y / N _____
Behavior problems? Y / N _____
Bad habits? Y / N _____
Bedwetting? Y N Nail biting? Y N Sleeping problems? Y N
Hobbies – sports – social activities?_____
_____
Use of street/illicit drugs? Y / N Use of alcohol? Y / N
Use of tobacco? Y / N Other:

Synopsis & Additional Comments: _____