



**CHILD'S HISTORY**

CHILD'S NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

**DEVELOPMENT:** \_\_\_\_\_

Please try to estimate the age at which your child could do the following things:

Sat alone: \_\_\_\_\_ Walked Alone \_\_\_\_\_ Spoke first word \_\_\_\_\_ Several words \_\_\_\_\_

**SCHOOL PERFORMANCE:**

Who lives at home? \_\_\_\_\_ Does mother work? \_\_\_\_\_

Preschool or Daycare? \_\_\_\_\_ Name preschool, childcare: \_\_\_\_\_

Who cares for child/children while parent(s) is/are at work? \_\_\_\_\_

**REVIEW OF SYSTEMS:**

Has your child had any of the problems listed in the family history (separate page)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has she/he had frequent problems with:

\_\_\_\_\_ Head: Headaches, dizziness, injury, other \_\_\_\_\_

\_\_\_\_\_ Eyes: Vision problems, infection, pain, other \_\_\_\_\_

\_\_\_\_\_ Ears: Hearing problems infections, pain, other \_\_\_\_\_

\_\_\_\_\_ Nose: Frequent stuffiness, easy bleeding, other \_\_\_\_\_

\_\_\_\_\_ Mouth: Tooth decay, poor bite, other \_\_\_\_\_

\_\_\_\_\_ Throat: Frequent sore throat, trouble with swallowing, other \_\_\_\_\_

\_\_\_\_\_ Neck: Stiffness, swelling, swollen glands, other \_\_\_\_\_

\_\_\_\_\_ Chest: Deformity, pneumonia, cough, asthma, other \_\_\_\_\_

\_\_\_\_\_ Heart: Chest pain, blue color, shortness of breath, murmur, rheumatic fever, other \_\_\_\_\_

\_\_\_\_\_ Abdomen: Vomiting, frequent pain, diarrhea, constipation, other \_\_\_\_\_

\_\_\_\_\_ Urinary: Pain on voiding , voiding frequently, bed wetting, other \_\_\_\_\_

\_\_\_\_\_ Skin: Rash, infection, other \_\_\_\_\_

\_\_\_\_\_ Neurological: Development problems, seizures, meningitis, other \_\_\_\_\_

\_\_\_\_\_ Endocrine: Weight gain or loss, intolerance to heat/cold, thirst, hair changes such as thinning or falling out, other \_\_\_\_\_

\_\_\_\_\_ Arms & Legs: Deformity, abnormal walking, joint pain, joint swelling, other \_\_\_\_\_

\_\_\_\_\_ Hematological: Anemia, abnormal bleeding, other: \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

Are there specific problems you wish to discuss today? If so, please explain: \_\_\_\_\_