

Date: _____

Clinton Preferred Pediatrics Patient Medical History

Patient legal name: _____ DOB: _____

Birth History

Hospital name: _____ City: _____ State: _____

Full Term or Premature (circle one)

Any problems at birth? (NICU, Jaundice, extended hospital stay) _____

Past Medical History:

Hospitalizations: _____

Surgeries: _____

Chronic illnesses: _____

Does your child see any specialists (doctors or therapists): _____

Allergies:

Medications: _____ Reaction: _____

Other (enviromental/food/pets) _____ Reaction: _____

Medications: Please list all medications your child is taking and the reason

Medication	Reason
_____	_____
_____	_____
_____	_____
_____	_____

Family History: Please describe any significant medical problems in parents, grandparents, and siblings.

Social History: (who lives at home with the child? Any special living arrangements?)
