



PEDIATRIC DATA BASE

NAME _____ M F CHART NO. _____

AGE _____

FAMILY HISTORY:

Parents Marital Status:

- Single Married Divorced
 Separated Widowed Widower

Order in Family _____ / _____
Order Total

Mother's Age _____ Health _____

Father's Age _____ Health _____

Has anyone in the family had:

T/B _____ Diabetes _____

Cancer _____ Heart Disease _____

Allergy _____ Bleeding Dis. _____

Inherited Dis. _____

Death of Parent or Sibling:

Relation _____ Cause _____

SOCIAL HISTORY:

Father and/or Mother employed? _____

Number in Household _____

Child lives with _____

Cared for by _____

BIRTH HISTORY

Birth Date _____ Place (Hosp) _____

Problems during Preg. _____

Delivery: Vaginal Caesarian

Problems _____

Birth Weight _____

Problems after birth
(blueness, breathing, jaundice, seizures etc.)

FEEDING:

Meals daily (amount, kinds) _____

Formula (Infants) _____
Amount, Type, Iron, Etc.

Supplements Vitamins Iron Fluoride

Diet Balance Good Poor

DEVELOPMENT:

Hearing Problems _____

Speech Problems _____

Toilet Trained _____

Developing like Siblings _____

Growth _____ School Grade _____

School Problems _____

PAST MEDICAL HISTORY: (Dates)

ILLNESS (Include UchD, Etc.) _____

Injuries _____

Operations _____

Allergies _____

Taking Medications Now? _____

Immunizations Current? _____ (DPT) (MMR)

(OPV)

Last TB Test _____

REVIEW OF SYSTEMS:

General Good Fair Poor Anemic

Weight Loss Ever overweight

ENT

Vision Trbl

Dental Prob

Hay fever

Ear Infec

Tonsils

Strep throat

SKIN

Rash

Chest

Asthma

Cough

Heart

Murmurs

Fatigue

GI

Constipation

Abd pain

Digestion
Trbl

GU

Day-time
wetting

Urinary
Problems

Ortho

Pain

Walking, feet
etc.

Neuro

Seizures

Headaches

SUMMARY AND/OR COMMENTS:

