Premier Pediatrics of Palm Beach
Pediatric Health History Form – Initial Visit
Child's Name _____DOB _____ Age_____ Today's Date_____

Child's Past Medical History

Pregnancy/Neonatal Period

Where was your child born? _____

Is the child yours by ☐birth ☐adoption ☐stepchild ☐other
Delivery: ☐Vaginal ☐C-section
Was your child premature? ☐No ☐Yes, born at ___weeks
Birth Weight _____
Problems in the newborn period

_____

_____

Infancy/Childhood/Adolescence

Has your child ever been treated or diagnosed with (explain)
☐Asthma or reactive airway disease _____
☐Wheezing or bronchiolitis _____
☐Seasonal Allergies _____
☐Eczema _____
☐Food Allergy _____
☐Recurrent ear infections _____
☐Pneumonia _____
☐Urinary Tract Infections _____
☐Seizures _____
☐Anemia _____
☐Broken Bone _____
☐Depression/Anxiety _____
☐Heart Murmur _____
☐Constipation _____
☐Chicken Pox _____
☐Attention Deficit Disorder _____
☐Other Chronic Medical Conditions_____

_____

Has your child ever been hospitalized? ☐No ☐Yes (explain)

_____

_____

_____

Past surgeries or
procedures?_____

_____

_____

_____

_____

Please list any specialist your child has seen, dates, and
reason:_____

_____

_____

Medications

Please list ALLERGIES to any medicines

_____

_____

Current Medications

_____

_____

Any concerns about your child's
development/nutrition?_____

_____

_____

Name of School or Daycare ☐NONE _____

Social History

Who lives in the child's household? ☐Mom ☐Dad ☐Step_____
☐Siblings (#_____) ☐Grandparents ☐Other _____
Childs Parents are ☐married ☐unmarried ☐divorced ☐other
Mom's Occupation _____ Dad's Occupation_____
Do any household members smoke? ☐Yes ☐No

Family History

Do any family members have any of the following conditions?

Condition	Mother	Father	Sibling	Grandparent
Asthma	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Anemia	☐	☐	☐	☐
Blood Disorder	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
Heart attack/disease	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐
Seizures	☐	☐	☐	☐
Migraines	☐	☐	☐	☐
Autism	☐	☐	☐	☐
Depression/anxiety	☐	☐	☐	☐
Alcoholism	☐	☐	☐	☐
ADD/ADHD	☐	☐	☐	☐
Other Issues:	☐	☐	☐	☐
_____	☐	☐	☐	☐

Please explain all
positives:_____

_____

_____