Pediatric Health History

ARCH HEALTH Medical Group

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	SEX: ☐M ☐F	TODAY'S DATE
ADDRESS	PHONE		EMAIL

PHARMACY

PHARMACY	ADDRESS	PHONE #
PHARMACY	ADDRESS	PHONE #

MEDICATIONS, OVER THE COUNTER MEDICATIONS & VITAMINS

DRUG NAME, STRENGTH, FREQUENCY	DRUG NAME, STRENGTH, FREQUENCY

PEDS ALLERGIES

NOTE: ALLERGIES ENTERED HERE WILL NOT BE CHECKED AGAINST THE CURRENT MEDICATION LIST. INCLUDES FOOD AND DRUG ALLERGIES AND ADVERSE DRUG REACTIONS.

☐ ACETAMINOPHEN (TYLENOL)	☐ CIPROFLOXACIN (CIPRO)	☐ IMIPRAMINE (TOFRANIL)	☐ PROPRANOLOL (INDERAL)
☐ ALBUTEROL	☐ CLARITHROMYCIN (BIAXIN)	☐ INSULIN	☐ PROPOXYPHENE (DAVON)
☐ AMOXICILLAN	☐ CLONAZEPAM (KLONOPIN)	☐ IODINE OR SHELLFISH	☐ QUINOLONES
☐ AUGMENTIN	☐ CLONIDINE (CATAPRESS)	☐ ISOTRETINOIN (ACCUTANE™)	☐ RISPERIDONE (RISPERIDAL)
☐ AMPHETAMINE SALTS (ADDERALL)	☐ CLOZAPINE (CLOZARIL)	☐ LANSOPRAZOLE (PREVACID)	☐ SULFA
☐ AMPICILLIN	☐ CODEINE	☐ LATEX	☐ TETANUS TOXOID
☐ ASPIRIN	☐ CONTRAST MEDIA (CONRAY)	☐ LEVALBUTEROL HCL (XOPENEX)	☐ TETRACYCLINE
☐ ATOMEXTINE (STRATTERA)	☐ CORTISPORIN (OTIC)	☐ LEVOFLOXACIN (LEVAQUIN)	☐ TMP/SMX (BACTRIM)
☐ AZITHROMYCIN (ZITHROMAX)	☐ DESMOPRESSIN (DDAVP)	☐ LIDOCAINE (XYLOCAINE)	☐ VALPROIC ACID (DEPAKOTE)
☐ BUPROPION HCL (WELLBUTRIN)	☐ DEXTROAMPHETAMINE	☐ MEPERIDINE (DEMEROL)	☐ VANCOMYCIN
☐ BUSPIRONE (BUSPAR)	☐ DIAZEPAM (VALIUM)	☐ METHYLPHENIDATE (RITALIN)	**FOOD / OTHER ALLERGIES**
☐ CARBAMAZEPINE (TEGRETOL)	☐ DICLOXACILLIN (DYNAPEN)	☐ METRONIDAZOLE (FLAGYL)	
☐ CARBAMIDE PEROXIDE (DEBROX)	☐ DIPHENHYDRAMINE (BENADRYL)	☐ MINOCYLCLINE (MINOCIN)	
☐ CEFACLOR (CECLOR)	☐ DOXYCYCLINE (VIBRAMYCIN)	☐ MONTELUKAST (SINGULAIR)	
☐ CEFADROXIL (DURICEF)	☐ ENALAPRIL MALETE (VASOTEC)	☐ MORPHINE	
☐ CEFAZOLIN (ANCEF)	☐ ERYTHRYOMYCIN	☐ NAPROXEN (NAPROSYN)	
☐ CEFDINIR (OMNICEF)	☐ ETODOLAC (LODINE)	☐ NEOMYCIN	
☐ CEFDITOREN (SPECTRACEF)	☐ FAMOTIDINE (PEPCID)	☐ NIACIN (NICOBID)	
☐ CEFEPIME (MAXIPIME)	☐ FLUCONAZOLE (DIFLUCAN)	☐ OFLOXACIN (FLOXIN)	
☐ CEFPROZIL (CEFZIL)	☐ FLUXETINE (PROZAC)	☐ OMEPRAZOLE (PRILOSEC)	
☐ CEFTIZOXIME (CEFIZOX)	☐ FUROSEMIDE (LASIX)	☐ OXYCODONE	
☐ CELECOXIB (CELEBREX)	☐ HALOPERIDOL (HALDOL)	☐ PENICILLIN (PEN-VEE K)	
☐ CEPHALEXIN (KEFLEX)	☐ HEPARIN	☐ PHENYTOIN NA (DILANTIN)	
☐ CIMETIDINE (TAGAMET)	☐ IBUPROFEN (ADVIL, MOTRIN)	☐ POLYMYXIN B	

Pediatric Health History

ARCH HEALTH Medical Group

MEDICAL HISTORY

☐ ABDOMINAL PAIN	ONSET DATE	☐ FRACTURE	ONSET DATE
☐ ACNE	ONSET DATE	☐ GERD	ONSET DATE
☐ ADD	ONSET DATE	☐ HEAD INJURY	ONSET DATE
☐ ADHD	ONSET DATE	☐ HEADACHE, MIGRAINE	ONSET DATE
☐ ALLERGIC RHINITIS	ONSET DATE	☐ HEADACHES	ONSET DATE
☐ ALLERGIES	ONSET DATE	☐ HEARING PROBLEMS	ONSET DATE
☐ ANEMIA	ONSET DATE	☐ HEART MURMUR	ONSET DATE
☐ ASTHMA	ONSET DATE	☐ MICROGNATHIA	ONSET DATE
☐ BIRTH TRAUMA	ONSET DATE	☐ MICROTIA	ONSET DATE
☐ BLEEDING DISORDER	ONSET DATE	☐ QTITIS MEDIA, RECURRENT	ONSET DATE
☐ BRONCHIOLITIS	ONSET DATE	☐ PNEUMONIA	ONSET DATE
☐ BRONCHITIS	ONSET DATE	☐ PREMATURITY	ONSET DATE
☐ CHICKENPOX	ONSET DATE	☐ PYELONEPHRITIS	ONSET DATE
☐ CONCUSSION	ONSET DATE	☐ SEIZURE DISORDER	ONSET DATE
☐ CONGENITAL HEART DISEASE	ONSET DATE	☐ SEIZURES, FEBRILE	ONSET DATE
☐ CONSTIPATION	ONSET DATE	☐ URINARY TRACT INFECTION	ONSET DATE
☐ DIABETES	ONSET DATE	☐ VESICOURETERAL REFLUX	ONSET DATE
☐ ECZEMA	ONSET DATE		

☐ OTHER	ONSET DATE	☐ OTHER	ONSET DATE
☐ OTHER	ONSET DATE	☐ OTHER	ONSET DATE
☐ OTHER	ONSET DATE	☐ OTHER	ONSET DATE

SURGICAL HISTORY

☐ ADENOIDECTOMY	DATE	☐ HERNIA REPAIR, UMBILICAL	DATE
☐ APPENDECTOMY	DATE	☐ LYMPH NODE BIOPSY/EXCISION	DATE
☐ BLOOD TRANSFUSION	DATE	☐ TONSILLECTOMY	DATE
☐ DENTAL SURGERY	DATE	☐ UMBILICAL HERNIA REPAIR	DATE
☐ HERNIA REPAIR, INGUINAL	DATE		

☐ OTHER	DATE	☐ OTHER	DATE
☐ OTHER	DATE	☐ OTHER	DATE
☐ OTHER	DATE	☐ OTHER	DATE

Pediatric Health History

ARCH HEALTH Medical Group

FAMILY HISTORY ☐ None

RELATIONSHIP	☐ ALIVE AND WELL
FAMILY MEMBER NAME	☐ DECEASED
☐ ADD / ADHD ONSET AGE	☐ CAUSE OF DEATH
☐ ALLERGIES ONSET AGE	☐ CAUSE OF DEATH
☐ ASTHMA ONSET AGE	☐ CAUSE OF DEATH
☐ BIRTH DEFECTS ONSET AGE	☐ CAUSE OF DEATH
☐ CANCER ONSET AGE	☐ CAUSE OF DEATH
☐ CARDIOVASCULAR DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ CORONARY ARTERY DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ DEAFNESS ONSET AGE	☐ CAUSE OF DEATH
☐ DEPRESSION ONSET AGE	☐ CAUSE OF DEATH
☐ DEVELOPMENTAL DELAY ONSET AGE	☐ CAUSE OF DEATH
☐ DEVELOPMENTAL DISLOCATION OF HIP ONSET AGE	☐ CAUSE OF DEATH
☐ DIABETES ONSET AGE	☐ CAUSE OF DEATH
☐ ECZEMA ONSET AGE	☐ CAUSE OF DEATH
☐ ELEVATED LIPIDS ONSET AGE	☐ CAUSE OF DEATH
☐ GENETIC DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ HEMOGLOBINOPATHY ONSET AGE	☐ CAUSE OF DEATH
☐ HYPERTENSION ONSET AGE	☐ CAUSE OF DEATH
☐ LEARNING DISABILITY ONSET AGE	☐ CAUSE OF DEATH
☐ MENTAL RETARDNESS ONSET AGE	☐ CAUSE OF DEATH
☐ MIGRANES ONSET AGE	☐ CAUSE OF DEATH
☐ OBESITY ONSET AGE	☐ CAUSE OF DEATH
☐ RENAL DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ SEIZURE DISORDER ONSET AGE	☐ CAUSE OF DEATH
☐ STRABISMUS ONSET AGE	☐ CAUSE OF DEATH
☐ SUDDEN INFANT DEATH SYNDROME ONSET AGE	☐ CAUSE OF DEATH
☐ THYROID DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ OTHER ONSET AGE	☐ CAUSE OF DEATH

FAMILY HISTORY – Continued

RELATIONSHIP	☐ ALIVE AND WELL
FAMILY MEMBER NAME	☐ DECEASED
☐ ADD / ADHD ONSET AGE	☐ CAUSE OF DEATH
☐ ALLERGIES ONSET AGE	☐ CAUSE OF DEATH
☐ ASTHMA ONSET AGE	☐ CAUSE OF DEATH
☐ BIRTH DEFECTS ONSET AGE	☐ CAUSE OF DEATH
☐ CANCER ONSET AGE	☐ CAUSE OF DEATH
☐ CARDIOVASCULAR DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ CORONARY ARTERY DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ DEAFNESS ONSET AGE	☐ CAUSE OF DEATH
☐ DEPRESSION ONSET AGE	☐ CAUSE OF DEATH
☐ DEVELOPMENTAL DELAY ONSET AGE	☐ CAUSE OF DEATH
☐ DEVELOPMENTAL DISLOCATION OF HIP ONSET AGE	☐ CAUSE OF DEATH
☐ DIABETES ONSET AGE	☐ CAUSE OF DEATH
☐ ECZEMA ONSET AGE	☐ CAUSE OF DEATH
☐ ELEVATED LIPIDS ONSET AGE	☐ CAUSE OF DEATH
☐ GENETIC DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ HEMOGLOBINOPATHY ONSET AGE	☐ CAUSE OF DEATH
☐ HYPERTENSION ONSET AGE	☐ CAUSE OF DEATH
☐ LEARNING DISABILITY ONSET AGE	☐ CAUSE OF DEATH
☐ MENTAL RETARDNESS ONSET AGE	☐ CAUSE OF DEATH
☐ MIGRANES ONSET AGE	☐ CAUSE OF DEATH
☐ OBESITY ONSET AGE	☐ CAUSE OF DEATH
☐ RENAL DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ SEIZURE DISORDER ONSET AGE	☐ CAUSE OF DEATH
☐ STRABISMUS ONSET AGE	☐ CAUSE OF DEATH
☐ SUDDEN INFANT DEATH SYNDROME ONSET AGE	☐ CAUSE OF DEATH
☐ THYROID DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ OTHER ONSET AGE	☐ CAUSE OF DEATH

OB GYN HISTORY

LAST PERIOD:	☐ LIGHT BLEEDING	FLOW DURATION	☐ REGULAR CYCLES	LAST PAP SMEAR
PADS USED IN 24HR:	☐ HEAVY BLEEDING	AGE OF FIRST PERIOD	☐ IRREGULAR CYCLES	☐ PAST ABNORMAL PAP
☐ TAMPON USE	PREGNANCIES (GRAVID)	DELIVERIES (PARA):		☐ MENOPAUSE

Pediatric Health History

ARCH HEALTH Medical Group

PREGNANCY / BIRTH HISTORY – For Children Under 1 Year Of Age

☐ DETAILED DOCUMENT	LAST DETAILED DOC DATE
☐ REVIEWED	COMMENTS
☐ HISTORY UNOBTAINABLE	

PREGNANCY / BIRTH HISTORY – Antenatal

MATERIAL AGE	EDC	MARITAL STATUS	LIVES WITH FOB ☐ NO ☐ YES
GRAVIDA	PARA	AB	LIVING

PRENATAL CARE GIVEN ☐ NO ☐ YES

MATERNAL BLOOD TYPE _____ ☐ RH POSITIVE ☐ RH NEGATIVE

ULTRASOUND RESULTS ☐ NORMAL ☐ ABNORMAL

GROUP B STREP SCREEN ☐ NEGATIVE ☐ POSITIVE

ANTENATAL LABS ☐ NO ☐ YES

MATERNAL ILLNESS / COMPLICATIONS ☐ NO ☐ YES

MATERNAL INFECTIONS ☐ NO ☐ YES

LIVES WITH FOB ☐ NO ☐ YES

MEDICATIONS DURING PREGNANCY

CONFIDENTIAL INFORMATION

PREGNANCY / BIRTH HISTORY – Hospital Course

VITAMIN K INJECTION ☐ NO ☐ YES

HEP B VACCINE ☐ NO ☐ YES

HEARING TEST ☐ PASS ☐ FAIL

INFANT BLOOD TYPE _____ ☐ RH POSITIVE ☐ RH NEGATIVE COOMBS _____

JAUNDICE ☐ NO ☐ YES

PHOTOTHERAPY ☐ NO ☐ YES

SEPSIS EVALUATION ☐ NO ☐ YES

FETAL DISTRESS ☐ NO ☐ YES

OXYGEN REQUIRED ☐ NO ☐ YES

STAYED IN NICU ☐ NO ☐ YES

STAYED IN NURSERY DAYS REASON

BIRTH DEFECTS ☐ NO ☐ YES

STATE SCREENING DONE ☐ NO ☐ YES

MEDICATION GIVEN ☐ NO ☐ YES

CIRCUMCISED ☐ NO ☐ YES

☐ TURNER SYNDROME ☐ DOWN SYNDROME

PREGNANCY / BIRTH HISTORY – Labor & Delivery

TYPE OF DELIVERY		☐ SGA ☐ AGA ☐ LGA ☐ SROM ☐ AROM __HOURS
		APGAR SCORE 1 MIN _____ 5 MIN _____ 10 MIN _____
TIME OF BIRTH _____HOUR _____MIN ☐ AM ☐ PM		MECONIUM ☐ NO ☐ YES
TIME OF BIRTH	HOURS OF LABOR	MATERNAL FEVER ☐ NO ☐ YES
GESTATION AGE AT BIRTH _____ ☐ RH POSITIVE ☐ RH NEGATIVE		RESUSCITATION ☐ NO ☐ YES
BIRTH WEIGHT _____LBS _____OZ	LENGTH _____CM _____IN	HEAD CIRCUM _____CM _____IN

PREGNANCY / BIRTH HISTORY – Discharge

FEEDING HISTORY ☐ BREAST ☐ BOTTLE ☐ BOTH

FORMULA TYPE

DISCHARGE DATE	TIME HOUR _____ MIN _____ ☐ AM ☐ PM
DISCHARGE TIME	DISCHARGE WEIGHT _____LBS _____OZ

SOCIAL SERVICE REFERRAL ☐ NO ☐ YES

ADOPTION ☐ NO ☐ YES