Pediatric Orthopaedic Associates of Silicon Valley

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CHILD'S MEDICAL HISTORY

Name: ______________________ Date: __________ Birthdate: ____________ Age: _____ yr _____ mo Sex: M F

Maternal and Neonatal History

This child was pregnancy number ________

Length of pregnancy ________

Prenatal complications:

☐ None ☐ Toxemia ☐ Hemorrhage

☐ Anemia ☐ Diabetes ☐ Other

Drugs taken during pregnancy ________

________ ☐ Vitamin

Delivery in: ☐ Hospital ☐ Home

Other ________

Name of hospital ________

Type of delivery: ☐ Normal ☐ C Section

Abnormal (explain) ________

☐ Breech

Length of labor ________

Newborn:

Birth weight _____ lbs. _____ ozs.

APGAR __________ / __________

NICU?________ How long?________

Complications: ☐ None

☐ Difficult resuscitation ☐ Meconium

☐ Convulsions ☐ Injury ☐ Jaundice

Other ________

Developmental History

Sat Alone ________

Stood Alone ________

Walked Alone ________

Speech ________

Toilet Trained ________

Family History

Brothers and sisters of patient

	Name	Age	Sex
1.			M F
2.			M F
3.			M F
4.			M F

Patient Health History

Allergies: ☐ None

Medications: ☐ None

Previous Xrays:

Where done ________

What was Xrayed ________

When ________

Braces (legs, arms, back)

Operations: ☐ None

Hospitalizations: ☐ None

Family History

In child's parents or siblings:

	Yes	No
Club foot	☐	☐
Hip Defects	☐	☐
Scoliosis	☐	☐
Heart trouble	☐	☐
Frequent fractures	☐	☐
Diabetes	☐	☐
Neurologic disease	☐	☐
Bleeding problems	☐	☐
Other birth defects	☐	☐

Explain all yes answers:

Patient Health History

	Yes	No
Nosebleeds	☐	☐
Eyeglasses	☐	☐
Frequent earaches	☐	☐
Hearing problems	☐	☐
Frequent colds	☐	☐
Bronchitis	☐	☐
Pneumonia	☐	☐
Fainting spells	☐	☐
Shortness of breath	☐	☐
Heart problems	☐	☐
Frequent diarrhea	☐	☐
Constipation	☐	☐
Vomiting	☐	☐
Jaundice	☐	☐
Bed wetting	☐	☐
Unexplained fevers	☐	☐
Bladder problems	☐	☐
Kidney problems	☐	☐
Seizures	☐	☐
Behavior problems	☐	☐
Frequent accidents	☐	☐
Anemia	☐	☐
Bleeding tendency	☐	☐
Chicken pox	☐	☐
Frequent fractures	☐	☐

Sports Participation

1st Sport ________

Other sport ________

Social History

School ________

Grade ________

Do both parents live at home?

☐ Yes ☐ No

Physician

Primary ________

Referring ________

Why are you here today?