



3520 Snouffer Rd, Suite 202 Columbus, OH 43235 P: (567)-230-4156

PEDIATRIC HISTORY

Today's Date ___ / ___ / ___

Child's Name _____

Date of Birth ___ / ___ / ___ Age: _____

Birth Height: ___ - Birth Weight: ___ - Current Height: ___ - Current Weight: ___

Address _____

City _____ State ___ Zip _____ Phone (Home) _____

Mother's Name: _____ DOB ___ / ___ / ___ Mother's Mobile _____

Father's Name: _____ DOB ___ / ___ / ___ Father's Mobile _____

Pediatrician/Family MD _____ City/State _____

Last Visit: ___ / ___ / ___ Reason for visit: _____

BEGINNING OF LIFE:

1. Were there any **fertility or pregnancy challenges**? _No _Yes If yes, describe: _____

2. Was there **any intervention at birth** including induction? _No _Yes If yes, describe: _____

3. Were there any **problems in the first year**?

- | | |
|--|--|
| <input type="radio"/> Colic | <input type="radio"/> Sleeping issues |
| <input type="radio"/> Breastfeeding/ latching issues | <input type="radio"/> Pooping issues |
| <input type="radio"/> Tongue-tie | <input type="radio"/> Recurrent ear infections |
| <input type="radio"/> Reflux | <input type="radio"/> Multiple rounds of antibiotics |
| <input type="radio"/> Allergies | |
| <input type="radio"/> Other _____ | |

CHILD'S CURRENT PROBLEM: _____

Purpose of this visit: Wellness Check-up Injury or Accident Other

Please explain:

If your child is experiencing **Pain/Discomfort? Please identify where and for how long.**

1. **When did the problem first begin?** Date / / Unknown Gradual Sudden

2. **Ever had this problem before?** No Yes If yes, when?

3. Any **bowel or bladder problems** since this problem began?: If yes, describe:

4. Have you seen any **other doctors** for this problem? No Yes If yes, who?

5. How long ago? Days Weeks Months Years

6. What were the results of past treatment? _____

7. How is this problem **NOW**?: **D** Rapidly Improving **D** Improving Slowly **D** About the Same
 Gradually Worsening On & Off

8. Please list any **medication taken** for this problem: _____

9. Has your child ever sustained an injury playing organized sports? No Yes If yes; please explain:

10. Has your child ever sustained an injury in an auto accident? No Yes If yes; please explain:
