Date:_____

McKinney Pediatrics
1872 N. Lake Forest Drive, McKinney, Texas 75071

Pediatric Health History

Your child's health is of the utmost importance to us. Please fill out this form as completely and accurately as you can. If you are unsure of how to answer a certain item, just circle the item and we will be happy to discuss it with you. All information is treated confidentially.

Child's Name _____ Date of Birth: _____ Age: _____ M ☐ F ☐

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

Child's School: _____ Grade: _____

Previous Physician:_____ Phone: _____ City/State: _____

DRUG ALLERGIES		MEDICATIONS	
Substance	Reaction	Medication Name	Dosage

MEDICAL HISTORY

Please check if the child has ever had any of the following:

☐	Anemia	CARDIOVASCULAR		GASTRONINTESTINAL		MUSCLE/JOINT/BONE		NOSE/THROAT/CHEST	
☐	Asthma	☐	Murmurs	☐	Poor Appetite	☐	Broken Bones	☐	Difficulty Breathing
☐	Bronchitis	☐	Chest Pain	☐	Bloody/Dark Stool	☐	Sprains	☐	Difficulty Swallowing
☐	Chicken Pox	☐	Irregular heart beat	☐	Constipation	☐	Coordination Problems	☐	Frequent Colds
☐	Hepatitis	EYES		☐	Diarrhea	☐	Posture Problems	☐	Hoarseness
☐	Measles	☐	Crossed or wandering	☐	Excessive Hunger	☐	Pain, weakness or swelling	☐	Mouth-Breathing
☐	Rubella	☐	Eye Irritation	☐	Excessive Thirst	GENERAL		☐	Nosebleeds
☐	Mumps	☐	Vision Problems	☐	Nausea	☐	Chills	☐	Persistent Cough
☐	Rheumatic Fever	HEARING/SPEECH		☐	Rectal Bleeding	☐	Depression	☐	Sinus Problems
☐	Pneumonia	☐	Difficulty Hearing	☐	Stomachaches	☐	Dizziness	☐	Sore Throat
☐	Whooping Cough	☐	Earaches	☐	Vomiting	☐	Fainting	☐	Strep Throat
☐	RSV	☐	Ear Infections	☐	Worms	☐	Forgetfulness	☐	Tonsil Infections
DENTAL		☐	Speech Problems	GENITO-URINARY		☐	Headaches	☐	Wheezing
☐	Bleeding Gums	☐	Other:	☐	Bedwetting	☐	Loss of Sleep	SKIN	
☐	Grinding Teeth			☐	Blood in Urine	☐	Mood Swings	☐	Bruise Easily
☐	Sensitivity			☐	Diaper Rash, Persistent	☐	Nervousness	☐	Change in Moles
☐	Thumb Sucking			☐	Discharge (vagina/penis)	☐	Numbness	☐	Hives
☐	Last dental Check Up:			☐	Frequent Urination	☐	Sweating	☐	Rash
☐	Brush, how often?			☐	Painful Urination	☐	Tiredness	☐	Scares
☐	Floss, how often?			☐	Unusual Urine Order	☐	Weight Loss/Gain	☐	Sores that won't heal

HOSPITALIZATIONS			INJURIES		
Reason	Date	Hospital, City, State	Serious Injuries/Illness	Date	Outcome

McKinney Pediatrics
1872 N. Lake Forest Drive, McKinney, Texas 75071

PRENATAL AND INFANT HEALTH HISTORY

Place of birth:		OB:		Mom's age at birth:	

During pregnancy, which of these conditions did you have? (Please check all that apply)

	Alcohol Use		German Measles		Venereal Disease
	Anemia		Hepatitis		Non-Prescription drug use:
	Diabetes		High Blood Pressure		Prescription drug use:
	Edema/Swelling		Protein in Urine		Controlled Substance drug use:
	Exposure to chemicals or radiation		Tobacco Use		Other:
	Fever		Urinary Tract Infection		

DELIVERY (Please circle all that apply):

On Time Premature Late Normal Delivery Induced /Prolonged Breech C-Section

Please describe any other complications:										
Birth Weight:		Lbs.		Oz.	Birth Defects:					
Discharge Weight:		Lbs		Oz.		Breathing Problems		Jaundice		Transfusion
Length:					Feeding (circle one):					
Age at discharge:					Breast		Formula		Both	

FAMILY HISTORY

	Age	General Health		Name	Age	General Health
Father			Sibling			
Mother			Sibling			

Please circle any condition that any of the child's blood relatives have had and their relationship:

CONDITION	RELATIONSHIP	CONDITION	RELATIONSHIP
Alcoholism		HIV/AIDS	
Allergies		Kidney Disorder	
Anemia		Lung Disorder	
Arthritis		Mental Disease/Disorder	
Asthma/Emphysema		Mental Retardation	
Birth Defects		Muscular Disorder	
Bone/Joint Disorders		Rheumatic Fever	
Cancer		Seizure/Convulsions	
Diabetes		Sickle Cell Disease	
Epilepsy		Skin Disease	
Eye or Ear Disorder		Stroke	
Genetic Defects		Thyroid Disorder	
Heart Disease		TB	
Hemophilia		Venereal Disease	
High Blood Pressure		Other:	

I acknowledge that the information contained herein is correct to the best of my knowledge.

Signature:		**Relationship to patient:**	