



Medical History Review

Your pediatrician

Patient name: _____

- Dr. Baumel Dr. Crawford Dr. Garber
 Dr. Hicks Dr. Rosselot Dr. Whitman

Today's date: _____

PATIENT'S PAST MEDICAL HISTORY (birth, major illnesses, hospitalizations, surgeries)

DATE:	

PATIENT'S CURRENT MEDICAL PROBLEMS OR NEW CONCERNS

PATIENT'S CURRENT MEDICATIONS (liquid/chewable/pill, dosage and frequency)

PATIENT'S ALLERGIES (MEDICATION, FOOD, OTHER)

NAME OF MEDICATION/FOOD/OTHER	TYPE OF REACTION

FAMILY HISTORY

Mother's health history:

Father's health history:

Sibling (name/age), major medical problems:

1) _____ 3) _____

2) _____ 4) _____

IS THERE A FAMILY HISTORY OF: (please indicate relative and age of onset)

heart attack, stroke or high cholesterol before age 60? **Y / N**

sudden or unexplained death? **Y / N**

chest pain or heart symptoms related to exercise or exertion? **Y / N**

obesity or weight problems? **Y / N**

Is there any family history of diabetes? **Y / N**

other?