



Pediatric Health History – Follow-up

Please answer all questions, circle choice when applicable

Patient's Name: _____ Date of Birth: _____

Your Name: _____ Relationship to Patient: _____

GENERAL HISTORY UPDATES

Does your child have any new medical conditions? (describe) _____

Has your child been to an urgent care, emergency room, or hospital since his/her last visit? _____

Are your child's immunizations completely up to date **including a flu shot** this season? _____

Any recent surgeries or procedures? (describe) _____

List any other physicians your child is currently seeing and why: _____

List your child's dentist: _____ Last dental visit? _____

Optometrist or ophthalmologist: _____ Vision screen in the last 12 months? _____

Medications (daily and as needed, including vitamins, inhalers):

Medication	Dose	Frequency	Reason

Allergies (medications, environmental, and foods):

Allergen	Observed Reaction

For girls: Has she had her first period? ____ If yes, age at first period ____ Any problems with periods? _____

REVIEW OF SYSTEMS (circle all that apply)

Constitutional: fever, chills, fatigue, unexplained weight loss

Eyes: poor vision, blurry vision, eye pain, eye redness, eye discharge, eye injury Does the patient wear glasses? _____

Ears/nose/throat: sore throat, mouth-breathing, snoring, ear pain, ear discharge, runny nose, congestion

Respiratory: cough, shortness of breath, fast breathing, wheezing, loud breathing

Cardiovascular: chest pain, palpitations, fast heart rate, fainting, tires easily with exertion, turns blue

Gastrointestinal: nausea, vomiting, diarrhea, constipation, blood in stool, abdominal pain

Genitourinary: frequent urination, pain with urination, bedwetting, frequent accidents

Musculoskeletal: muscle pain, weakness, joint pain, joint swelling

Neurologic: headaches, seizures, milestone delay, clumsiness

Psychiatric: anxiety, stress, depression, sleep problems, anger, difficulty paying attention, difficulty controlling impulses

OTHER HISTORY UPDATES

Has anything changed about the child's living situation (moves, divorce, childcare, etc.)? _____

Name of child's school: _____ Grade: _____

Has there been any new illnesses or changes in the health of any family members? _____