Northpointe Pediatrics, P.C.

(3 and over)

Last Name_____First Name_____Nickname_____D.O.B_____

MINOR/CHILD'S HEALTH HISTORY:

Minor/Child's Previous Physician _____

City/ State _____ Phone ( ) _____ - _____

HAS MINOR/CHILD HAD ANY HISTORY OF/OR DIFFICULTY WITH ANY OF THE FOLLOWING:

- ☐ Acne
- ☐ ADD/ADHD
- ☐ Alcoholism
- ☐ Allergies
- ☐ Anemia
- ☐ Asthma
- ☐ Bed Wetting
- ☐ Birth Defects
- ☐ Bleeding
- ☐ Cancer
- ☐ Chicken Pox
- ☐ Constipation
- ☐ Developmental delay
- ☐ Diabetes
- ☐ Diarrhea
- ☐ Drug abuse
- ☐ Ear Infections, recurrent
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fainting
- ☐ GERD (Reflux)
- ☐ Hearing Problems
- ☐ Heart Disease
- ☐ High Cholesterol
- ☐ Mental Illness
- ☐ Mononucleosis
- ☐ Obesity
- ☐ Pneumonia
- ☐ Prematurity
- ☐ Seizures
- ☐ Sinus Problems
- ☐ Speech delay
- ☐ High Blood Pressure
- ☐ Strep throat, recurrent
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Urinary Tract Infections
- ☐ Vision Problems
- ☐ Other _____

_____

_____

_____

Medications Minor/Child is on:_____

Allergies of Minor/Child: _____

Hospitalizations and/or Surgeries:

Date _____ Reason(s)_____ Hospital _____

Date _____ Reason(s)_____ Hospital _____

Date _____ Reason(s)_____ Hospital _____

FAMILY HISTORY (HAS ANY MEMBER OF THE FAMILY OR CLOSE RELATIVE HAD ANY OF THE FOLLOWING):

- ☐ ADD/ADHD Who? _____
- ☐ Alcoholism Who? _____
- ☐ Allergies Who? _____
- ☐ Asthma Who? _____
- ☐ Bed-wetting Who? _____
- ☐ Cancer Who? _____
- ☐ Diabetes Who? _____
- ☐ Drug Abuse Who? _____
- ☐ Eczema Who? _____
- ☐ GERD (Reflux) Who? _____
- ☐ Heart Disease Who? _____
- ☐ High Blood Pressure Who? _____
- ☐ High Cholesterol Who? _____
- ☐ Mental Illness Who? _____
- ☐ Obesity Who? _____
- ☐ Seizures Who? _____
- ☐ Stroke Who? _____
- ☐ Sudden or unexpected death Who? _____
- ☐ Tuberculosis Who? _____
- ☐ Urinary Tract/Bladder Infections Who? _____
- ☐ Other_____ Who? _____

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SPORTS PARTICIPATION QUESTIONS:

Has your child ever fainted/passed out DURING exercise? ☐No ☐Yes If yes, explain.

Has your child ever fainted/passed out or nearly passed out AFTER exercise? ☐No ☐Yes If yes, explain

Has your child ever had chest discomfort, pain or pressure DURING exercise? ☐No ☐Yes If yes, explain

Does your child's heart race (palpitations) or skip beats DURING exercise? ☐No ☐Yes If yes, explain

Have you been told that your child has heart disease, a heart murmur, high blood pressure or high cholesterol? ☐No ☐Yes If yes, explain

Has any family member died of heart problems or a sudden and unexpected death before age 50? ☐No ☐Yes If yes, explain

Does anyone in your family have Marfan's syndrome? ☐No ☐Yes If yes, explain

SOCIAL HISTORY:

Who is living in your home?

Does your child use a ☐car seat ☐seat belt?

Is your child in daycare? ☐No ☐Yes

Are there any smokers in the house? ☐No ☐Yes Do they smoke ☐Inside ☐Outside?

Are there any firearms in the house? ☐No ☐Yes If so, are the locked up? ☐No ☐Yes

Was your house bulit before 1978? ☐No ☐Yes Is there any peeling paint in the house? ☐No ☐Yes

Do you have smoke detectors and a fire escape plan?: ☐No ☐Yes