MEDICAL CENTER PEDIATRICS
2020 Babcock, #19
San Antonio, TX 78229-4440
(210) 614-5000

Name: ______________________ Date: ______________

MEDICAL HISTORY

BIRTH HISTORY

Hospital: Date of Birth:

Birth Weight: Birth Length: Blood Type:

Type of Delivery: Complications:

Did baby have any problems at or immediately after birth?

List age when baby cooed or laughed: Sat: Said first word:

Held head up: Walked: Toilet trained:

PAST HOSPITALIZATIONS – Reason: Date: ___/___/___ to ___/___/___

Reason:

Reason:

PAST SURGICAL HISTORY – Reason: Date: ___/___/___ to ___/___/___

Reason:

MEDICATIONS:

ALLERGIES TO MEDICINES:

IMMUNIZATIONS UP TO DATE? ☐ Yes ☐ No

Any smokers in household? ☐ Yes ☐ No Pets? ☐ Yes ☐ No Guns? ☐ Yes ☐ No Use Daycare? ☐ Yes ☐ No

CHILD'S AND FAMILY'S HEALTH HISTORY

Has Child/Family has any history of or difficulty with any of the following:

	CHILD	FAMILY MEMBER	RELATIONSHIP TO CHILD
ADHD	☐	☐	
AIDS/HIV	☐	☐	
Allergies	☐	☐	
Anemia (including Sickle Cell & Thalassemia)	☐	☐	
Asthma	☐	☐	
Attention Problems	☐	☐	
Bed Wetting	☐	☐	
Birth Defects	☐	☐	
Bladder Problems	☐	☐	
Bleeding, Excessive	☐	☐	
Cancer	☐	☐	
Cerebral Palsy	☐	☐	
Chicken Pox	☐	☐	
Constipation	☐	☐	
Convulsions	☐	☐	
Diarrhea	☐	☐	

	CHILD	FAMILY MEMBER	RELATIONSHIP TO CHILD
Diabetes	☐	☐	
Drug/Alcohol Abuse	☐	☐	
Ear Infections	☐	☐	
Eczema	☐	☐	
Epilepsy	☐	☐	
Fainting	☐	☐	
Gall Bladder Disease	☐	☐	
Heart Problems	☐	☐	
Heart Attack (before age 55)	☐	☐	
High Blood Pressure	☐	☐	
High Cholesterol	☐	☐	
Hepatitis	☐	☐	
Hyperactivity	☐	☐	
Kidney Disease	☐	☐	
Lead Poisoning	☐	☐	
Learning Disabilities	☐	☐	

	CHILD	FAMILY MEMBER	RELATIONSHIP TO CHILD
Liver Disease	☐	☐	
Mental Disorder	☐	☐	
Mononucleosis	☐	☐	
Measles	☐	☐	
Mumps	☐	☐	
Pneumonia	☐	☐	
Psychological Problems	☐	☐	
Rheumatic Fever	☐	☐	
Seizures from Fever	☐	☐	
Sinus Problems	☐	☐	
Speech Problems	☐	☐	
Tuberculosis	☐	☐	
Thyroid Disease	☐	☐	
Urinary Disease	☐	☐	
Vision Problem	☐	☐	
Worms	☐	☐	
Other: ________	☐	☐	

NOTES: