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Pediatric Form

To be used for children 12 years of age or under, and in conjunction with all other forms.

Child's Name:_____Date:_____

Age:_____Date of Birth:_____Sex: F____M____

SYMPTOMS: Mark C for current and P for past symptoms.

_____ Abdominal Pain	_____Excessive fatigue	_____Acid reflux
_____Frequent headaches	_____Nosebleeds	_____Bed wetting
_____Gas	_____Bleeding gums	_____Parasites
_____Body odor	_____Eczema	_____Psoriasis
_____Rash	_____Bruises easily	_____Hives
_____Cancer Sores	_____Hyperactivity	_____Sleep problems
_____Low appetite	_____Stomach aches	_____Itchy anus
_____Congestion	_____Itchy nose	_____Sore throat
_____Itchy vagina	_____Cough	_____Colic/cries easily
_____Joint pain	_____Diarrhea	_____Migraines
_____Weight gain	_____Weight loss	_____Dry skin
_____Nervousness	_____Wheezing	_____Vomiting spells

MEDICAL HISTORY:

___ ADD/ADHD	___ Allergies (environmental)	___ Ear infections
___ Allergies (food)	___ Asthma	___ Frequent colds
___ Autism	___ Impaired speech	___ Bronchitis
___ Tonsillitis	___ Chicken Pox	___ Croup
___ Mumps	___ Measles	___ Pneumonia
___ Developmental problems (physical and mental)	___ Dyslexia (problems with words or writing)	___ Dyspraxia (problems with coordination)
___ Others (please specify)		

MEDICATIONS: Indicate length of time child received each medication.

___ Antacids	___ Antibiotics	___ Methylphenidate (Ritalin)
___ Oral steroids	___ Antidepressants	___ Anti-histamines
___ Tylenol	___ Aspirin	___ Ibuprofen
___ Inhaled steroids	___ Epilepsy medication	___ Decongestant
___ Pemoline	___ Dextroamphetamine (Dexedrine, Dextrostat, Adderall)	___ Clonidine
___ Others (please specify)		

Did the child receive immunizations? Were there any reactions to immunization(s)? At what age?_____
_____

MOTHER'S HEALTH DURING PREGNANCY:

Alcohol, Cigarettes, Drug consumption	Gestational Diabetes	Stress
Anemia	Hypertension	Thyroid problems
Bleeding	Nausea	Uterine infection
Physical or Emotional Trauma	Pre-eclampsia	Diabetes
Morning sickness	Bladder infections	Dental problems

MEDICATIONS WHILE PREGNANT:

_____

MEDICATIONS WHILE NURSING:

_____

TERM:

Full____ Premature____ Late____

Weight at birth_____lbs

LABOR & DELIVERY:

Was pregnancy induced?____Vaginal?____C-section____

Complications during labor?_____Medications during or after labor?_____

FEEDING:

Breast fed____Bottle fed____When was formula started?_____When were solids started?_____What were the first foods introduced?_____