

# Troy Pediatrics, PLC

Phone # (248) 435-9310

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## Pediatric Patient History

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Medicaid ID # \_\_\_\_\_ SS# \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

### BIRTH HISTORY

Type of Delivery: \_\_\_\_\_ Term: \_\_\_\_\_  
 Premature at: \_\_\_\_\_ months \_\_\_\_\_  
 Pregnancy Number: \_\_\_\_\_  
 Birth Wt. \_\_\_\_\_ Length: \_\_\_\_\_  
 Apgar Score: \_\_\_\_\_ Circumcision: \_\_\_\_\_  
 Blood Type: \_\_\_\_\_ Other: \_\_\_\_\_

### TEST RECORD

	Test Date	Result
<b>T.B.</b>		
<b>Hemoglobin</b>		
<b>Urine</b>		
<b>Lead</b>		
<b>Cholesterol</b>		

### FAMILY HISTORY

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings	Age	Sex	Health
1.			
2.			
3.			
4.			

Other: \_\_\_\_\_  
 High BP: \_\_\_\_\_ Cancer: \_\_\_\_\_  
 High Cholesterol: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Smoke in home: \_\_\_\_\_  
 M=Mother / F=Father / S=Sibling / P=Patient

### NUTRITION HISTORY

Breast: \_\_\_\_\_ Formula: \_\_\_\_\_  
 Vitamin Supplement: \_\_\_\_\_ Type: \_\_\_\_\_  
 Soft Foods Added: \_\_\_\_\_

Appetite: \_\_\_\_\_  
 Stools: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other: \_\_\_\_\_

### DEVELOPMENT HISTORY

	Age
Held up head:	
Smiled:	
Sat aided:	
Stood aided:	
Sat alone:	
Reached for object:	
First teeth:	
Crept:	
Stood alone:	
Walked:	
Said words:	
Sentences:	
<b>HABITS:</b>	
Sleep:	
Bed wetting:	
Naps:	
Play:	
School:	
Other:	

### ILLNESS HISTORY

General: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_  
 Tonsillitis/Pharyngitis: \_\_\_\_\_  
 Ear infections: \_\_\_\_\_  
 Asthma/Bronchitis: \_\_\_\_\_  
 Bronchiolitis/Pneumonia (RSV +/-) \_\_\_\_\_  
 Hospitalized: \_\_\_\_\_  
 Serious injuries: \_\_\_\_\_  
 Operations: \_\_\_\_\_  
 Other: \_\_\_\_\_

### NOTES

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