



SWEDISH PEDIATRIC SPECIALTY CARE

Patient Medical History

Date: _____

Patient Name: _____

Date of Birth: _____

Medical Reason for Visit: _____

Preferred Pharmacy: _____

Health History:

Please check all health issues that apply. For those items that you check, please provide a brief description of the health issue.

- Abdominal pain _____
- Anemia _____
- Anesthetic problems _____
- Arthritis _____
- Asthma _____
- Attention Deficit _____
- Bed Wetting _____
- Bleeding problems _____
- Blood in urine _____
- Broken bones _____
- Lung disease _____
- Diabetes _____
- Epilepsy _____
- Fevers _____
- Genetic Disease _____
- Headaches _____
- Heart Disease _____
- Heart Rhythm problem _____
- Hepatitis _____
- High Blood Pressure _____
- Hyperactivity _____
- Kidney problems _____
- Prematurity _____
- Psychiatric problems _____
- School problems _____
- Scoliosis _____
- Snoring _____
- Stomach problems _____
- Thyroid problems _____
- Weight loss or gain _____

Birth:

Premature (____ weeks) or Full Term
 Vaginal or Cesarean
 Weight:
 Complications:

Medications:

List current medicines, vitamins, herbal or naturopathic include dose & frequency

Allergies:

To Medicines?

 Other allergies?

Surgery/Anesthesia:

List any operations or anesthetics:

Family History:

Social History:

of Siblings: _____
 School: _____
 Grade: _____
 Mothers/Fathers occupation:

 Mothers/Fathers occupation:

Immunizations up to date: Yes or No

Hospitalizations:

List any hospitalizations and include the year and problem for which your child needed to be in the hospital.

Swedish Pediatric Specialists is a group of pediatric specialty care physicians who care exclusively for children. We use the information in this history and all additional information that may we collect solely to care for your child or for insurance billing. We keep all information strictly confidential in compliance with state and federal guideline.

THIS AREA IS FOR PHYSICIAN ONLY

Based upon answers provided above and the specific reason for your visit, your physician may inquire about the following:

REVIEW OF SYSTEMS

Constitutional

HEENT

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Integumentary

Neurologic

Psychiatric

Endocrine

Hematologic /Lymphatic

Allergic /Immunologic

Family History