BROWN SURGICAL ASSOCIATES
BROWN PHYSICIANS, INC.

PEDIATRIC HEALTH HISTORY SHEET

Welcome to our practice. To provide you with the best, most comprehensive care possible for your child, please provide us with the following in formation. All information will be held strictly confidential and is released only with your written permission

Last name	First name	Age	Gender

Reason for today's visit

Past medical problems *(check any that apply)*					
Congenital heart disease		Prematurity		Sleep apnea	
Heart murmur		Seizures		Depression	
Asthma		Attention deficit		Anxiety	
Diabetes		Developmental delay		Other:	
Gallstones		Lyme disease			
Gastro-esophageal reflux		Bleeding disorder			

Surgical History *(please list operation and year if known)*			

Medications (name)	**dose & frequency**	**Allergies**	**type of reaction**
		❑ Latex	

Family History (if yes, specify relation see abbreviations)
Mother(M), Father(F), Brother(B), Sister(S), Aunt(Au), uncle(Un), grandmother(GM), grandfather(GF)

❑ Coronary artery disease	❑ Arrhythmias	❑ High BP
❑ Cystic fibrosis	❑ Lung cancer	
❑ Gallstones	❑ Colon cancer	❑ IBD (Crohn's Dz, UC)
❑ Diabetes	❑ Thyroid disorder	
❑ Hemophilia	❑ Thalassemia	❑ Lymphoma, □ Leukemia
❑ Skin cancer	❑ Breast cancer	
❑ Kidney stones	❑ Anesthesia related disorder (extreme fever, prolonged effect)	

Social History

Patient lives with: □ parents □ mother □ father □ siblings (#)
□ foster parent how long? □ care center

Does patientt smoke? Y / N Is there 2nd hand exposure to smoke Y / N

Immunizations/Childhood illnesses

□ up to date □ no recent exposure to communicable diseases □ other

Patient Name: _____ **Date of Birth:** _____

REVIEW OF SYSTEMS					
Constitutional/general	**yes**	**no**	**Head and Neck**	**yes**	**no**
fevers /chills			diplopia (double vision)		
sweats			blurry vision / loss of vision		
weight loss/weight gain			photophobia		
fatigue/ lightheadedness			hearing loss / tinnitus		
Skin /Breast			**Neurologic**		
rashes			headache/migraine		
lumps			numbness/tingling		
new lesions/sores			ataxia/paresis/paralysis		
breast pain / nipple discharge			weakness/syncope/seizure		
Cardiovascular			**Respiratory**		
chest pain/palpitations			cough/hemotysis		
orthopnea/edema			wheezing/dyspnea		
syncope			pleuritic chest pain		
claudication			snoring		
Gastrointestinal			**Genitourinary**		
abdominal pain			frequency/urgency/flank pain		
nausea/vomiting			dysuria (pain with urination)		
hematemesis/heartburn			hematuria (blood in urine)		
constipation/diarrhea			incontinence		
hemorrhoids/rectal bleeding			nocturia (frequent nightime voiding)		
Endocrine			**Hematologic**		
heat/cold intolerance			bleeding problems		
polyuria (frequent urine voiding)			swollen glands		
polydipsia (frequent water intake)			spontaneous bleeding		
change in appetite			easy bruisability		
change in menstrual cycle					
Musculoskeletal			**Psychiatric**		
joint pain			depression		
back pain			anxiety		
muscle aches			hallucinations (visions, hearing things)		
stiffness			suicidal ideation		
swelling					

Parent/Guardian Signature: _____ **Date:** _____

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A Clinical, Research and Teaching Affiliate
of the Warren Alpert Medical School of Brown University