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## Pediatric Patient History

Name: \_\_\_\_\_

Referred By: \_\_\_\_\_

Previous Doctor: \_\_\_\_\_

### Pregnancy and Birth

Date of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_ Full Term: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Gender: M  F  Problems during pregnancy or at birth: \_\_\_\_\_

### Development

What age did the child: Sit alone: \_\_\_\_\_ months Stand alone: \_\_\_\_\_ months Walk alone: \_\_\_\_\_ months

Say first word: \_\_\_\_\_ months Use sentences: \_\_\_\_\_ months Potty train: \_\_\_\_\_ months

### Past History

Hospitalizations: \_\_\_\_\_

Serious illnesses ( including wheezing, difficulty breathing, any chronic or life threatening disease): \_\_\_\_\_

Surgery: \_\_\_\_\_

Allergies or reactions to medicine: \_\_\_\_\_

Emotional problems: \_\_\_\_\_

School grade: \_\_\_\_\_ School problems: \_\_\_\_\_

Father's name: \_\_\_\_\_ Age: \_\_\_\_\_ Health problems: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_ Health problems: \_\_\_\_\_

Patient's brother's and sisters: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health problems: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health problems: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health problems: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health problems: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_

Parents are  Married  Divorced  Separated

List any others who live in household: \_\_\_\_\_

**Family History:** Anyone on either side of family with  Diabetes  Allergies  Asthma

Kidney Disease  High Blood Pressure  Heart Disease/Heart Attack before age 50

Other disease: \_\_\_\_\_