

K+STAT URGENT CARE Pediatric Medical History (Age 0-11 years)

Name: _____

Date: _____

REASON FOR TODAY'S VISIT: _____

Is the child allergic to any medications? Yes No (If yes, what?) _____

List any medications the child is currently taking _____
(PLEASE LIST DOSAGE AND FREQUENCY OF MEDICATION)

IMMUNIZATIONS

Are the child's immunizations up to date? Yes No

Where does the child get immunizations? _____

Date of last Tetanus Vaccine (DTaP/Tdap/Td) _____ Date of last Flu Vaccine _____

PAST MEDICAL HISTORY

Was the birth history normal? Yes No (if no, explain) _____

Any hospitalizations? Yes No (if yes, explain) _____

Any past surgeries? Yes No (if yes, explain) _____

Has the child ever had any of the following problems? *(Please circle all that apply)*

Allergies	Anemia	Asthma	Bladder/Kidney Infection
Cancer	Diabetes	Tuberculosis (TB)	Heart Problems
Seizures	Psychological/School Problems	ADD/ADHD	Other: _____

SOCIAL HISTORY

With whom does the child live with most of the time? *(Please circle all that apply)*

Both parents in same household Mother Father Guardian Grandparents Brothers Sisters

FAMILY HISTORY

Is there a family history, among blood relatives, of the following? *(Please circle all that apply)*

Asthma	High Blood Pressure	Cancer	Sickle Cell Anemia
Diabetes	High Cholesterol	Tuberculosis (TB)	Heart Attack/Stroke before age 55
Smoking	Alcohol/Drug Abuse	Psychological Problems	Other: _____

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