



REDWOOD

PEDIATRICS

An Affiliate of Children's Mercy

Patient Name: _____ M / F Date of Birth: _____

Parent Names: _____ Number of Siblings: _____

Surgical History

Has your child had any of the following operations? If yes, fill in the year of surgery.

	Year
Appendix Removed	
Tonsils/Adenoids Removed	

Other operations/procedures: _____

Active or Chronic Problems (check all that apply for this patient or list below):

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> DDH – hip dysplasia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Seizures
<input type="checkbox"/> Allergies	<input type="checkbox"/> Deafness	<input type="checkbox"/> Ear Infections (frequent)	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Strabismus (lazy eye)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Eczema	<input type="checkbox"/> Migraines/Headaches	<input type="checkbox"/> Sickle Cell
<input type="checkbox"/> Cancer	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Elevated Cholesterol	<input type="checkbox"/> Obesity	<input type="checkbox"/> Urinary Reflux
<input type="checkbox"/> Other (list below)		<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Frequent or Recurrent UTI

Please list other active or chronic problems: _____

Other doctors and/or specialists your child sees: _____

Patient's Drug/food Allergies & reaction: _____

Current Medications – Please list all over the counter medications, supplements, herbal medications your child takes:

Medication	Dosage	Times per Day	Prescribed by

Social History

Father's Occupation: _____ Full Time Part time School

Mother's Occupation: _____ Full Time Part time School

Parent's Relationship: Married Living Together Single Parent Guardian Foster Parent Same Sex Parents
 Separated Divorced

Smokers in home: Y N Pets/animals in home: _____

Family History

Adopted

Please circle any of the following conditions that are present in 1st degree relatives (siblings, parents):

Heart Problems under the age of 20

Thyroid Problems

Asthma

Cholesterol Problems

Eczema

Nasal Allergies