

BEST KIDS CARE

4200 S. Lake Forest Dr., Suite #100, McKinney, Texas 75070

Date: _____

Pediatric Health History

Your child's health is of the utmost importance to us. Please fill out this form as completely and accurately as you can. If you are unsure how to answer a certain item, just circle the item and we will be happy to discuss it with you. All information is treated confidentially.

Child's Name: _____ Date of Birth: _____ Age: _____ M ___ F ___

Child's School: _____ Grade: _____

Previous Physician: _____ Phone _____ City/State: _____

DRUG ALLERGIES		MEDICATIONS	
Substance	Reaction	Medication Name	Dosage

MEDICAL HISTORY

Please check if the child has any of the following:					
Anemia	CARDOVASCULAR	GASTRONINTESTTNAL	MUSCLE/JOINT/BONE	NOSE/THROAT/CHEST	
Asthma	Murmurs	Poor Appetite	Broken Bones	Difficulty Breathing	
Bronchitis	Chest Pain	Bloody/Dark Stool	Sprains	Difficulty Swallowing	
Chicken Pox	Irregular Heart Beat	Constipation	Coordination Problems	Frequent Colds	
Hepatitis	EYES	Diarrhea	Posture Problems	Hoarseness	
Measles	Crossed or Wandering	Excessive Hunger	Pain, weakness or swelling	Mouth-Breathing	
Rubella	Eye Irritation	Excessive Thirst	GENERAL	Nosebleeds	
Mumps	Vision problems	Nausea	Chills	Persistent Cough	
Rheumatic Fever	HEARING/SPEECH	Rectal Bleeding	Depression	Sinus Problems	
Pneumonia	Difficulty Hearing	Stomachaches	Dizziness	Sore Throat	
Whooping Cough	Earaches	Vomiting	Fainting	Strep Throat	
RSV	Ear Infections	Worms	Forgetfulness	Tonsil Infections	
DENTAL	Speech Problems	GENTTO-URINARY	Headaches	Wheezing	
Bleeding Gums	Other:	Bedwetting	Loss of Sleep	SKIN	
Grinding Teeth		Blood in Urine	Mood Swings	Bruise Easily	
Sensitivity		Diaper Rash, Persistent	Nervousness	Change in Moles	
Thumb Sucking		Discharge (vagina/penis)	Numbness	Hives	
Last Dental Check Up:		Frequent Urination	Sweating	Rash	
Brush, how often?		Painful Urination	Tiredness	Scars.	
Floss, how often?		Unusual Urine Odor	Weight Loss/Gain	Sores mat won't heal	
HOSPITALIZATIONS			INJURIES		
REASON	DATE	HOSPITAL, CITY, STATE	SERIOUS INJURIES/ILLNESS	DATE	OUTCOME

