South Charlotte Pediatrics, PLLC

Pediatric Health Summary

Patient Name: **DOB:** **Gender:** ☐ **M** ☐ **F**

Birth History:

Gestational Age: ☐ FT ☐ PT ___ Weeks

Maternal Labs: ☐ Normal ☐ Abnormal

Complications Of Pregnancy:

Labor/Delivery: ☐ Vaginal ☐ C Section Reason:_____

Birth Weight: ☐ Normal

APGAR Scores: _____1 min _____5 min

Newborn Nursery Course: ☐ Normal ☐ Abnormal _____

Birth Hospital:

Circumcision: ☐ Yes ☐ No

Hearing Screen: ☐ Pass ☐ Refer

Family Unit:	Name	DOB	General Health
Mother			
Father			
Siblings:			

Family History: Has any member of the child's family (parents, siblings, grandparents) had any of the following:

☐ Allergies	☐ Hypercholesterolemia	☐ Stroke	☐ Asthma
☐ Kidney Disease	☐ Thyroid Disease	☐ Migraine Headac	☐ High Blood Pressure
☐ Bleeding Disorder	☐ Heart Disease	☐ Obesity	☐ Tuberculosis
☐ Cystic Fibrosis	☐ Drug or Alcohol Abuse	☐ Cancer	☐ Diabetes
☐ Sickle Cell Disease	☐ Early Infant Death	☐ Seizure	☐ Other

Past Medical History:			**Date/Comments**
Previous Problems / Past History	☐ No	☐ Yes	
Infections:	☐ No	☐ Yes	
Chronic Illnesses:	☐ No	☐ Yes	
Accidents:	☐ No	☐ Yes	
Hospitalizations:	☐ No	☐ Yes	
Surgeries:	☐ No	☐ Yes	
Food Allergies:	☐ No	☐ Yes	
Other Allergies:	☐ No	☐ Yes	
Asthma:	☐ No	☐ Yes	
Convulsions:	☐ No	☐ Yes	
Sleep Problems:	☐ No	☐ Yes	
School / Learning Problems:	☐ No	☐ Yes	
Behavior Problems	☐ No	☐ Yes	
Delayed Developmental Milestones:	☐ No	☐ Yes	

Medical / Surgical Specialists Seen:

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Drug Allergies:

Social History:

Lives at homes with: ☐ Both ☐ Mom ☐ Dad ☐ Other

Parents: ☐ Married ☐ Divorced ☐ Together, Not Married

Custodial Parent: ☐ Both Parents ☐ Mom ☐ Dad ☐ Other

Non Custodial Parent Involved?: ☐ No ☐ Yes

Day Care Attendance: ☐ No ☐ Yes

Current Medications:	**Name**	**Dose**	**Approx Start Date**