



## Pediatric History Form

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Representative for Child: \_\_\_\_\_

Representative's Relationships (parent): \_\_\_\_\_

### Social and Medical History

Any concerns with your child's diet?	Yes	No
Does your child drink any caffeinated beverages?	Yes	No
Does your child exercise?	Yes	No
Do you have a pool?	Yes	No
Are there two parents in the home?	Yes	No
Does the child have any siblings?	Yes	No
Do you have any animals at home?	Yes	No
Is your child ever exposed to cigarette smoke?	Yes	No
Do you have working smoke detectors in the home?	Yes	No
Do you have carbon monoxide detectors in the home?	Yes	No
Do you use a seatbelt/car seat routinely?	Yes	No
Do you routinely use sunscreen for your child?	Yes	No
Do you routinely use insect repellent?	Yes	No
Are any guns present in the home?	Yes	No
Does your family ever have difficulty making ends meet?	Yes	No
Have you had any significant changes in your family situation?	Yes	No
Do you have concerns about meeting basic needs (food, housing, school supplies, heat, etc.)?	Yes	No

### Educational and Developmental History

In what grade is your child, if he/she has started school?			
What is the school's name and location?			
Does your child have an Individualized Education Plan (IEP)?	Yes	No	
Does your child play sports?	Yes	No	
Does your child play a musical instrument?	Yes	No	
Does your child have any difficulties in reading development?	Yes	No	
Are you concerned about your child's speech, language, or social development?	Yes	No	
Do you have a pool?	Yes	No	
Are you concerned about bullying?	Yes	No	
Do you have working smoke detectors in the home?	Yes	No	
Do you have carbon monoxide detectors in the home?	Yes	No	
Do you use a seatbelt/car seat routinely?	Yes	No	
Do you routinely use sunscreen for your child?	Yes	No	
Do you routinely use insect repellent?	Yes	No	
Are any guns present in the home?	Yes	No	



*Surgical History: If your child has a history of any surgeries, please list and describe them here.*

Surgery	Hospital	Date

Please use this portion to describe any other concerns that you have regarding your child's medical health, social development, behavior and psychological development, literacy development, speech/language development, or fine/gross motor skills development.

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