ALASKA UROLOGY

Pediatric Medical History Form

Last Name: _____ **First:** _____ **Middle:** _____

Date of Birth: _____ **Pediatrician:** _____

Chief Complaint: (Reason for visit today) _____ **Severity (scale from 1-10)** _____

Duration of Problem: _____ **Associated Signs/Symptoms:** _____

List anything that Improves or Worsens the problem: _____

Medications (Currently Taking)

Name	Amount	Times/Day

List Any Allergies

Latex: Y N

Medication Allergies : Y N

Please list:

_____

_____

_____

_____

Does your child have any siblings?

Name	Age

Social History

Special Diet?	Y	N
Special Needs (wheelchair, braces, etc.)	Y	N
Age of Toilet Training: _____		
Who does the child live with? _____		

What does your child drink for breakfast? _____ **lunch?** _____ **dinner?** _____

Does your child drink… **soda?** Y N **tea?** Y N **juice?** Y N

Is the patient up to date on immunizations? Y N

Please complete back side

Child's Medical History					
Cerebral Palsy	Y	N	Hepatitis	Y	N
Prenatal Hydronephrosis	Y	N	Asthma	Y	N
Heart Murmur	Y	N	Constipation	Y	N
Urinary Tract Infection	Y	N	Hypertension	Y	N
Developmental Delay	Y	N	Spina Bifida	Y	N
Seizure Disorder	Y	N	VP Shunt	Y	N
Bleeding Disorders	Y	N	Autism	Y	N
Premature	Y	N	ADHD / ADD	Y	N
Cancer	Y	N	Type of Cancer:		
Other					

Family History			Family Member
Vesicoureteral Reflux	Y	N	
Kidney Disease	Y	N	
Nighttime Wetting	Y	N	
Urinary Tract Infection	Y	N	
Kidney Failure	Y	N	
Diabetes	Y	N	
Kidney Stones	Y	N	
Cancer	Y	N	
Anesthesia Problems	Y	N	

List Any Past Surgeries / Hospitalizations

Type	Date (Year Only)

Has your child had any X-rays of the urinary tract or the current problem? (Test, Date, Hospital Where Performed)

Type	Date	Hospital

Does your child have any other medical problems that we should know about? Y N Please list below:

_____

_____

_____

_____

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