

# Pediatric Medical History Form

## Patient Information

Child's Name

Date of Birth

Sex

Parent/Guardian Name

Address

Phone Number

## Medical History

Allergies

Current Medications

Chronic Illnesses

Past Surgeries/Hospitalizations

Family Medical History

## Birth & Development

Birth Weight

Birth Length

Gestational Age at Birth

**Type of Delivery**

**Developmental Milestones Concerns**

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## Immunization

**Immunizations up to date?**

**If not, please explain**

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## Other Concerns

**Other Medical or Behavioral Concerns**