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TB&J Pediatric Rheumatology

Dear Parent,

This is a health and medical history information record. It will assist us in caring for your child. If you need any help, please feel free to ask the receptionist or nurses. Don't worry if you can't remember everything right now. If there are areas of concern that you would prefer to discuss in person, just leave that portion blank and bring the subject up during your visit.

Patient's name: _____

Date of birth: _____

Current Pediatrician: _____

Birth History: (This is important for those under 6 yrs. Old)

1. Birth Weight: _____ Length: _____

2. Were there any problems during pregnancy? _____ If yes, please describe: _____

3. Were there any problems during labor and delivery? _____ If yes, please describe: _____

4. Was your baby born early? _____ If yes, how early? _____

5. Were there any problems (such as needing oxygen, trouble breathing, jaundice (yellowness), etc.) after the baby's birth? _____ If yes, please describe _____

Development: (Please complete where applicable)

1. Were there any concerns about growth or progress made in areas such as rolling over, sitting, walking, ability to ride a tricycle or bicycle, dress self, or feed self? _____ If yes, please describe: _____

2. Are there concerns about language or speech development? _____ If yes, please describe: _____

3. (For school-aged children) Do you have concerns about how your child is doing in school that you think need to be discussed? _____ If yes, please describe: _____

Immunizations: up to date: _____ Not up to date: _____ Deficiencies: _____

Illness or health problems (Indicate yes or no & year if yes)

	YES	NO	YEAR(S)		YES	NO	YEAR(S)
Asthma				Heart disease			
Anemia				Ear Infections			
Pneumonia				Convulsion/Epilepsy			
Frequent colds				Constipation			
Diarrhea				Rheumatic Fever			
Chicken Pox				Vision Problems			
Heart Problems				Other (specify)			
Urinary tract or Bladder Infections							
Hay fever							

(Please turn over and complete back side)