SPRINGFIELD PEDIATRICS

The best professionals linked to the patient experience for better outcomes

270 E Hunt Highway, Suite 18
San Tan Valley, AZ 85143

Diji Vaughan. M.D., F.A.A.P.
Pediatrics Board Certified

Tel: (480)-336-2815
Fax: (877)-281-3385
www.springfieldpeds.com
contactus@springfieldpeds.com

BIRTH THROUGH 18 YEARS: HEALTH HISTORY

Today's Date: _____

Patient: _____
DOB:

IF YOUR CHILD IS 5 YEARS OR OLDER:
Were there any problems during pregnancy, delivery or baby hospital stay? ❑ No ❑ Yes (If *NO*, skip to Family Medical History)

FOR CHILDREN LESS THAN 5 YEARS OLD
PREGNANCY INFORMATION

Pregnancy number: # of weeks at delivery:

COMPLICATIONS DURING PREGNANCY

❑ Group B Strep
❑ Abnormal prenatal labs
❑ Abnormal ultrasound
❑ Gestational diabetes
❑ Other
❑ High blood pressure
❑ Growth problems
❑ Multiple gestation (twin, etc.)
❑ Infections (HIV, Herpes, etc.)

Explain any checked above:

MATERNAL MEDICATION & SUBSTANCE USE IN PREGNANCY

Medications taken:
Other substance use:

BIRTH & DELIVERY

Hospital where delivered:
Birth weight: Discharge weight:
Type of delivery: ❑ Normal ❑ C-section ❑ Vacuum
Delivery complications: (Breech, etc.)

DURING THE NEWBORN HOSPITAL STAY

❑ Breathing problem
❑ Infection
❑ Antibiotic treatment
❑ Other problems
❑ Feeding problem
❑ Premature delivery
❑ Jaundice
❑ NICU stay

Explain any checked above:

Newborn hearing screen: ❑ Normal ❑ Abnormal
❑ Hepatitis B vaccine given

DEVELOPMENT

❑ Normal ❑ Abnormal
Please list any concerns you have/had about development:

FAMILY MEDICAL HISTORY (Mom, dad, siblings, grandparents)

❑ Anemia or blood disorder
❑ Arthritis other joint problem
❑ Asthma
❑ Birth defects
❑ Bleeding disorder
❑ Cancer
❑ Cystic fibrosis
❑ Developmental disorder
❑ Diabetes
❑ Epilepsy/seizures
❑ Headaches/migraines
❑ Other problems
❑ Hearing loss
❑ Heart problem
❑ High cholesterol
❑ Hypertension
❑ Immune probs (incl. HIV)
❑ Kidney disease
❑ Liver problems
❑ Mental illness
❑ Thyroid problems
❑ Tuberculosis
❑ Vision loss or problems

Explain any checked above:

SOCIAL HISTORY

Diet: ❑ Regular ❑ Special Explain:
Year in school:
School Name:
What does he/she do for fun?
Exercise level: ❑ None ❑ Occasional ❑ Frequent
Number of siblings:
Childcare: ❑ Relative ❑ Private sitter ❑ Daycare/preschool
Does anyone smoke at home? ❑ No ❑ Yes
Are there pets at home? ❑ No ❑ Yes Describe:
Are seat belts used routinely? ❑ No ❑ Yes
Are there any custody issues we should be aware of? ❑ No ❑ Yes
Please explain:

CHILD'S PAST MEDICAL PROBLEMS

❑ ADD or ADHD
❑ Allergies
❑ Anemia
❑ Asthma
❑ Bladder or kidney
❑ Cancer
❑ Chicken pox
❑ Congenital anomalies
❑ Constipation
❑ Depression
❑ Developmental or behavioral
❑ Diabetes
❑ Ear or hearing
❑ Eczema, hives or other skin
❑ Heart
❑ Muscle, joint or bone
❑ Recurrent infections
❑ Seizures/epilepsy
❑ Serious injury
❑ Thyroid
❑ Vision or eye
❑ Other

Explain any checked above:

Hospitalizations:

Surgeries:

Specialists your child has seen:

Allergies to medications ❑ No ❑ Yes List:

Allergies to foods ❑ No ❑ Yes List:

Current medications:

Vitamins:

Herbal supplements:

Other over-the-counter medications:

SPRINGFIELD PEDIATRICS

The best professionals linked to the patient experience for better outcomes

270 E Hunt Highway, Suite 18
San Tan Valley, AZ 85143

Diji Vaughan. M.D., F.A.A.P.
Pediatrics Board Certified

Tel: (480)-336-2815
Fax: (877)-281-3385
www.springfieldpeds.com
contactus@springfieldpeds.com

	Do you use any form of complimentary or alternative remedy?