



Heba El Goweni, M.D., FAAP
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Medical History

Patient Name: _____

Date of Birth : _____

PAST MEDICAL HISTORY

Birth Weight _____ lbs _____ oz Born within 3 weeks of due date? _____

Mother's age at birth? _____ How many pregnancies? _____

Complications of pregnancy or delivery, if any (including medications) _____

Date of last check up : _____ Date of last dental check up : _____

Has your child had allergic reactions to any medications, food, or insect bites? _____

If so, what? _____

Does your child have any chronic illness or medical problems? _____

If so, explain : _____

Any hospitalizations other than for birth? _____

If so, for what? _____

Any surgery or serious injuries? _____

If so, what kind? _____

Are any medications taken regularly? _____ Which ones? _____

Are immunizations up to date? _____

Is or was your child breastfed? _____

Commercial formula used? _____

If so what kind and duration of bottle use? _____

The following information about family will help us know and understand your child better.

Mother's Name _____ Age _____

Occupation _____

Father's Name _____ Age _____

Occupation _____

Do both biological parents live in the household? _____

If not please explain _____

Does your child attend school and/or child care outside the home? _____

Is there a working smoke alarm on each floor of the house? _____

Are there any smokers in the household? _____

Are there any problems with the condition of your home (peeling paint, insects, rats or mice)? _____

Other _____

Does your child always wear a helmet when riding his/her bicycle? _____

Does your child always use a car seat or seat belt when riding in the car? _____

FAMILY MEDICAL HISTORY

Please check **ANY** condition that this child's parents, grandparents, brothers, sisters, aunts or uncles has or has had.

Anemia	Cerebral Palsy
Alcoholism/Substance Abuse	Diabetes
Allergies	GI Problems
Asthma	HIV/AIDS Immunodeficiency
Auto Immune Disease	High Blood Pressure
Birth Defects	Heart Disease/Attacks
Bleeding Disorder	High Cholesterol
Cancer	Hyperactivity/ADHD
Kidney or Urinary Problems	Mental Illness/Learning Disabilities
Other	