Pinnacle Pediatric Clinic
Health History

Birth History

Birth Facility Delivery: Vaginal, C-section Term, Premature _____(wks)

Birth Weight _____ Height _____ Head circumference _____ APGARS ____@1min ____ @5min

Preganacy Complications:

Delivery Complications/if C-section, why:

Post Partum Complications:

NICU: ☐ Yes ☐ No From: To:

Maternal alcohol/tobacco/illicit drug/prescription drug use (Describe):

Hospitalizations

From	To	Reason	From	To	Reason

Surgeries

Date	Procedure	Date	Procedure

Does your Child Have or Has Your Child Ever Had:

Astma, recurrent cough, bronchiolitis, or pneumonia	☐ Y	☐ N	Explain: _____
Nasl allergiecs or excema	☐ Y	☐ N	Explain: _____
Freqeunt ear infections or sore throat	☐ Y	☐ N	Explain: _____
Problems with ears or hearing	☐ Y	☐ N	Explain: _____
Problems with eyes or vision	☐ Y	☐ N	Explain: _____
Fewquent heacaches or other neurologic problems	☐ Y	☐ N	Explain: _____
Fequent Abdominal Pain	☐ Y	☐ N	Explain: _____
Constipation requiring doctor visits	☐ Y	☐ N	Explain: _____
Bladder/kidney problems or bedwetting	☐ Y	☐ N	Explain: _____
Any heart problems/murmurs	☐ Y	☐ N	Explain: _____
Anemia or bleeding problem	☐ Y	☐ N	Explain: _____
Thyroid or other gland problem	☐ Y	☐ N	Explain: _____
Diabetes	☐ Y	☐ N	Explain: _____
ADD/ADHD	☐ Y	☐ N	Explain: _____
Anxiety, depression or other mental health disorder	☐ Y	☐ N	Explain: _____
Use of drugs, alcohol, or tobacco	☐ Y	☐ N	Explain: _____
Develpmental Disabilities	☐ Y	☐ N	Explain: _____
Autism, Aspergers, Pervasive Developmental Disoders	☐ Y	☐ N	Explain: _____