Pinnacle Health Care
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: ____________________________

Pinnacle Health Care
Family Medical/Social History

Condition					Who
Alcohol Use, Abuse, Dependence, Addiction	☐	Y	☐	N	Who: ____
Alleries	☐	Y	☐	N	Who: ____
Asthma	☐	Y	☐	N	Who: ____
Eczema	☐	Y	☐	N	Who: ____
Birth Defects	☐	Y	☐	N	Who: ____
Blood Disorders	☐	Y	☐	N	Who: ____
Bone Disorders	☐	Y	☐	N	Who: ____
Cancer	☐	Y	☐	N	Who: ____
Type	☐	Y	☐	N	Who: ____
Endocrine Disease	☐	Y	☐	N	Who: ____
Ear, Nose, Throat Disorders	☐	Y	☐	N	Who: ____
Ear Tubes, Tonsil/Adeniodectomy	☐	Y	☐	N	Who: ____
Eye Diosrders	☐	Y	☐	N	Who: ____
Gastrointestinal Disorders	☐	Y	☐	N	Who: ____
Heart Disease	☐	Y	☐	N	Who: ____
High Blood Pressure	☐	Y	☐	N	Who: ____
High Cholesterol	☐	Y	☐	N	Who: ____
Immune Disorders	☐	Y	☐	N	Who: ____
Joint Problems	☐	Y	☐	N	Who: ____
Kidney Disease	☐	Y	☐	N	Who: ____
Liver Disease	☐	Y	☐	N	Who: ____
Lung Disease	☐	Y	☐	N	Who: ____
Migraine Headachs	☐	Y	☐	N	Who: ____
Obesity/Overweight	☐	Y	☐	N	Who: ____
Seizure Disorder	☐	Y	☐	N	Who: ____
Skin Disorder	☐	Y	☐	N	Who: ____
Stoke	☐	Y	☐	N	Who: ____
Substace Use, Abuse, Dependence, Addiction	☐	Y	☐	N	Who: ____
Tobacco Use, Abuse, Dependence, Addction	☐	Y	☐	N	Who: ____
Thyroid Disorders	☐	Y	☐	N	Who: ____
Mental Health Disease	☐	Y	☐	N	Who: ____

House Hold Information

Name	Relationship to Child	Date of Birth	Lives in home			
____			☐ Y ☐ N	Guns		☐ Y ☐ N
____			☐ Y ☐ N	Smoke detectors		☐ Y ☐ N
____			☐ Y ☐ N	Lead Risk		☐ Y ☐ N
____			☐ Y ☐ N	Soure of water	☐ City ☐ Rural ☐ Well	
____			☐ Y ☐ N	Pets		☐ Y ☐ N
____			☐ Y ☐ N	Types		
____			☐ Y ☐ N			