

**Dallas International Health Services  
Pediatric Health Maintenance History  
(0-17 year olds)**

Date \_\_\_\_\_

<b>Name</b>						
<small>Last</small>	<small>first</small>	<small>middle</small>				
<b>Birth Date</b>	<b>Sex</b>	<b>M</b>	<b>F</b>	<b>Height:</b>	<b>Weight:</b>	
<small>month</small>	<small>day</small>	<small>year</small>				

Parents' Names \_\_\_\_\_

Are both parents biological (blood) parents? (Circle) Mother: Y or N Father: Y or N

Has this child lived overseas? Y or N If yes, where? \_\_\_\_\_

Has this child ever had malaria or parasites? \_\_\_\_\_

Is this child under the care of a physician? \_\_\_\_\_

What problems has this child had in the last year? \_\_\_\_\_

Medications? \_\_\_\_\_

Allergies? \_\_\_\_\_

If the child has had any of the following, indicate the year of onset or occurrence			
Diseases:	Year	Operations	Year
Mumps		Tonsillectomy	
Measles		Appendectomy	
Rubella (German Measles)		Adenoidectomy	
Whooping Cough		Hernia Repair	
Chicken Pox		Tubes Placed in Ear Drums	
Rheumatic Fever		Fractured bone(s)	
Pneumonia		Other surgery (write in)	
Allergy			
Other diseases (write in)			
Immunization		Immunization	
DTap #1		Polio #1	
DTap #2		Polio #2	
DTap #3		Polio #3	
DTap #4		Polio #4	
DTap #5		Polio #5	
Td		Hib #1	
Rotavirus (RV)		Hib #2	
MMR #1		Hib #3	
MMR#2		Hib #4	
Hepatitis B #1		Varicella #1	
Hepatitis B #2		Varicella #2	
Hepatitis B #3		Meningococcal	
Hepatitis A #1		Pneumococcal (PCV)	
Hepatitis A #2		Most recent flu	
		Other	

<b>Medications taken by, or any significant illnesses of mother while pregnant with the child?</b>		
<b>Was delivery normal?</b>	<b>Vaginal or C-section?</b>	<b>Was pregnancy full term?</b>
<b>Breast fed for</b>	<b>months.</b>	<b>If any feeding problems, give details.</b>

Is there a family history of any of the following? (Include relationship to child: parents, siblings, and grandparents)

Allergies	Kidney disease	Blood or bleeding disorder
Asthma	Stroke	Emphysema
Eczema	Glaucoma	Arthritis
Adopted unknown history	Epilepsy	Heart disease
Thyroid	Gout	Cancer or tumor
Diabetes	High blood pressure	Tuberculosis

Name: \_\_\_\_\_

Complete this section for children 0-24 months

Infancy (0-24 months)	No	Yes	If yes, approximate age(s)
1. abnormality of hip joint(s)			
2. abnormality of feet			
3. other congenital abnormalities			
4. often fussy			
5. nasal congestion			
6. croupy			
7. wheezing in chest			
8. does not seem to hear well			
9. ear infections			
10. does not seem to focus eye on objects			
11. slow in ability to do things			
12. fails to grow normally in height or weight			
13. feeds poorly			
14. colic			
15. vomiting			
16. diarrhea			
17. seizures with high fever			
18. other seizures			
19. hernia			
20. exposed to tuberculosis			
21. immunizations up to date			
22. poor coordination			
23. exposed to Hepatitis B			

Complete this section for children 2-17 years

Childhood and Adolescence (2-17 years)	No	Yes	If yes, approximate age(s)
1. dentist consulted yet			
2. croupy			
3. breath-holding spells			
4. seizures with fever			
5. temper tantrums			
6. difficult child (to control behavior)			
7. nightmares or night terrors			
8. vision seems to be abnormal			
9. hearing seems to be abnormal			
10. nasal congestion			
11. mouth breather			
12. ear infections			
13. headaches			
14. eats poorly or unwisely			
15. abnormal bowel movements or habits			
16. stomachaches or abdominal pains			
17. accident prone			
18. coordination problems			
19. seizures (not related to fevers)			
20. problems at day care or school			
21. difficulty in getting along with peers			
22. exposure to tuberculosis			
23. immunizations not up to date (put a 1 if not)			
24. pain on urination			
25. soiling of pants beyond age 4			
26. bedwetting after age 5			
27. trouble with attention or sitting still			
28. undescended testicle(s)			
29. menstruation not started			
30. menstrual difficulties			