PATIENT HISTORY CHART

CLEAR LAKE PEDIATRIC CLINIC
#16 Professional Park
Webster, Texas 77598

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ALLERGIES _____

I.D.	PATIENT'S NAME		BIRTHDATE	SEX	DATE
	ADDRESS		RACE	AGE	PHONE
	CITY	STATE ZIP	PREVIOUS PHYSICIAN	ADDRESS	
EMERGENCY CONTACT			REFERRED BY		
FATHER'S NAME		SOCIAL SECURITY #	MOTHER'S NAME		SOCIAL SECURITY #
WHERE EMPLOYED		OCCUPATION	WHERE EMPLOYED		OCCUPATION
EMPLOYER'S ADDRESS		WORK PHONE NUMBER	EMPLOYER'S ADDRESS		WORK PHONE NUMBER
INSURANCE COMPANY		I.D. #	INSURANCE COMPANY		I.D. #

PATIENT'S FAMILY HISTORY

DRIVER'S LICENSE NUMBERS
FATHER _____ MOTHER _____

	NAME	BIRTHDATE	ANY CURRENT HEALTH PROBLEMS	CHECK ANY PRESENT IN FAMILY	RELATION TO PATIENT
MOTHER				( ) TUBERCULOSIS	
FATHER				( ) DIABETES	
BRO / SIS				( ) HEART DISEASE	
BRO / SIS				( ) LUNG DISEASE	
BRO / SIS				( ) KIDNEY DISEASE	
BRO / SIS				( ) LIVER DISEASE	
				( ) CANCER	
				( ) HIGH BLOOD PRESSURE	
				( ) SEIZURES	
				( ) HIGH CHOLESTEROL	
				( ) BLOOD DISORDER	
				( ) MENTAL	
				( ) ALLERGIES	
				( ) OTHER:	

HOUSING ❑ HOUSE ❑ APT ❑ TRAILER PETS _____
WATER ❑ CITY ❑ BOTTLE ❑ WELL SMOKERS _____

BIRTH HISTORY

WHEN THIS CHILD WAS BORN, MOTHER WAS_____YRS OLD | THIS WAS PREGNANCY NO____ | THIS WAS LIVE BORN BABY NO_____ | PREVIOUS MISCARRIAGES_____ | NUMBER CHILDREN NOW LIVING _____

TYPE OF DELIVERY: ❑ VAGINAL ❑ C-SECTION for_____ ❑ BREECH
DURATION OF PREGNANCY WEEKS ❑ EARLY ❑ LATE
ILLNESS OR COMPLICATIONS
DELIVERED BY DOCTOR
HOSPITAL / CITY
GBS + / -
Treated x _____
BIRTH WEIGHT LENGTH HEAD CIRC.
APGAR SCORE CIRCUMCISION ❑ YES ❑ NO
NURSERY STAY
JAUNDICE MEDICATION HEARING SCREEN ❑ PASS ❑ REFER
HOSPITAL DISCHARGE AGE WEIGHT BLOOD TYPE

MEDICAL HISTORY

DEVELOPMENTAL HISTORY

NUTRITION HISTORY

GENERAL HEALTH

SERIOUS ILLNESS OR INJURIES

CHILDHOOD DISEASES
❑ CHICKEN POX - DATE/AGE ❑ FREQUENT THROAT INFECTIONS
❑ FREQUENT EAR INFECTIONS ❑ ASTHMA / BRONCHITIS

HOSPITALIZATION / OPERATIONS

TB SKIN TEST	DATE	RESULT	TYPE	AGE	DATE	TYPE	RESULT
AGE							

SIGNATURE OF PARENT / GUARDIAN

SITE LEGEND
RA-RIGHT ARM
LA-LEFT ARM
RT-RIGHT THIGH
LT-LEFT THIGH
O-ORAL

VACCINE	OTHER	VIS	DATE GIVEN M / D / Y	SITE	VACCINE MANUFACTURER & LOT	EXP. DATE	ADMIN INITIALS	PARENT/ GUARDIAN INITIALS
DT P 1								
DT P 2								
DT P 3								
DT P 4								
DT P 5								
Td/Tdap								
HIB								
HIB								
HIB								
HIB								
IPV								
IPV								
IPV								
IPV								
Hep B 1								
Hep B 2								
Hep B 3								
Hep B 4								
PCV 7								
PCV 7								
PCV 7								
PCV 7								
PPV-23								
Rotateq								
Rotateq								
Rotateq								
MMR								
MMR								
Varivax								
Varivax								
Hep A								
Hep A								
Menactra								
Menomune								
Flu								
Flu								