

# Blue Sky Pediatrics Asheville

MEDICAL HISTORY FORM Date: \_\_\_\_\_

(Circle when choices given below)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Pets \_\_\_\_\_ Family Members who Smoke: Yes No  
Referred by \_\_\_\_\_ Previous Physician \_\_\_\_\_  
Other children's names and ages \_\_\_\_\_

## **Pregnancy History for Mother at delivery of this child:**

Mother's Age \_\_\_\_\_ # of Pregnancies \_\_\_\_\_ Live Births \_\_\_\_\_ Miscarriage or Abortion \_\_\_\_\_ Bleeding: Yes No  
Infection \_\_\_\_\_ Complications \_\_\_\_\_ Medicines Taken \_\_\_\_\_

## **Birth History for Baby**

Hospital Name \_\_\_\_\_ Gestational Age: Full Term (>37wks) Premature: If so, \_\_\_\_\_ wks  
Birth Type: Vaginal C/S and Reason \_\_\_\_\_  
Complications \_\_\_\_\_ Length of Stay \_\_\_\_\_ days  
In NICU? Yes No If so, how long \_\_\_\_\_ On Vent? Yes No Oxygen needed? Yes No  
Infection \_\_\_\_\_ Birth Wt \_\_\_\_\_ Birth Ht \_\_\_\_\_ Feeding: Breast Bottle \_\_\_\_\_

## **Development (Age of Milestones)**

**Write in how many months old when your child first did these**

Sat \_\_\_\_\_ Crawled \_\_\_\_\_ Walked \_\_\_\_\_ Talked \_\_\_\_\_  
Toilet Trained \_\_\_\_\_ Current School Grade \_\_\_\_\_ Special Ed Classes: Yes No

## **Medical History**

Drug Allergies: \_\_\_\_\_  
Illnesses or Medical Conditions: \_\_\_\_\_

Previous Hospitalizations: \_\_\_\_\_ Surgeries: \_\_\_\_\_

Childhood Disease: Chicken Pox Measles Other: \_\_\_\_\_

Injuries: \_\_\_\_\_

## **Family History - (Please identify family members with a history of medical concerns.)**

**SIB – Sibling MGM – Maternal Grandmother MGF – Maternal Grandfather PGM – Paternal Grandmother  
PGF – Paternal Grandfather COU – First Cousin M – Mother F – Father**

___ ADHD	___ Developmental Problems	___ Kidney Problems
___ Asthma	___ Diabetes	___ Learning Problems
___ Birth Defects	___ Eye Problems	___ Scoliosis
___ Bleeding Problems	___ Headaches	___ Seizures
___ Bone/Muscle Problems	___ Hearing Problems	___ Sickle Cell Anemia
___ Bowel Problems	___ Heart Problems	___ Skin Problems
___ Cancer/Leukemia	___ High Cholesterol	___ Speech Problems
___ Cystic Fibrosis	___ High Blood Pressure	___ Tuberculosis