Sebastopol Orthopaedics

& Sports Medicine

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MINOR MEDICAL HISTORY

Date of visit:__________ Height:______ Weight:______ Dominant Hand: ☐ LT ☐ RT

Patient's Name:__________ Date of Birth:__________ Age:______ Sex: ☐ M ☐ F

Family Physician:__________ Referring Physician:__________

Preferred Language:__________ Race:__________ Ethnicity:__________

Reason for visit today?__________

How and when did the problem(s) begin?__________

__________ Date of injury?__________ Place of injury?__________

HEALTH HISTORY OF PATIENT:

Headaches	☐ Yes	☐ No
Nosebleeds	☐ Yes	☐ No
Eyeglasses	☐ Yes	☐ No
Change of vision	☐ Yes	☐ No
Frequent earaches	☐ Yes	☐ No
Tonsillitis	☐ Yes	☐ No
Mumps	☐ Yes	☐ No
Hearing Problems	☐ Yes	☐ No
Frequent colds	☐ Yes	☐ No
Bronchitis	☐ Yes	☐ No
Pneumonia	☐ Yes	☐ No
Whooping cough	☐ Yes	☐ No
Diphtheria	☐ Yes	☐ No
Fainting Spells	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No
Heart problems	☐ Yes	☐ No
Scarlet fever	☐ Yes	☐ No
Frequent diarrhea	☐ Yes	☐ No
Constipation	☐ Yes	☐ No
Worms	☐ Yes	☐ No
Vomiting	☐ Yes	☐ No
Jaundice	☐ Yes	☐ No
Bed wetting	☐ Yes	☐ No
Unexplained fevers	☐ Yes	☐ No
Bladder problems	☐ Yes	☐ No
Kidney problems	☐ Yes	☐ No
Seizures	☐ Yes	☐ No
Behavior problems	☐ Yes	☐ No
Accidents	☐ Yes	☐ No
Anemia	☐ Yes	☐ No
Bleeding tendency	☐ Yes	☐ No
Chicken pox	☐ Yes	☐ No
Measles	☐ Yes	☐ No

FAMILY HISTORY:

Hearing Loss	☐ Yes	☐ No
Heart Trouble	☐ Yes	☐ No
Seizures	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Mental Illness	☐ Yes	☐ No
Developmental Disabilities	☐ Yes	☐ No
Kidney Trouble	☐ Yes	☐ No
Neurological Disease	☐ Yes	☐ No
Spine Deformity	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No
Known Birth Defects	☐ Yes	☐ No

Explain all Yes answers:

____

____

____

____

DEVELOPMENT HISTORY:

	Age
Sat Alone	
Walked	
Speech	
Toilet trained	

Did Child's Development Seem: ☐ Normal ☐ Slow

PLEASE TURN FORM OVER FOR PAGE 2 >

Patient's Name:____

MATERNAL OR NEONATAL HISTORY:

The child was pregnancy number:____________

Mother's Prenatal Care:

❑ Private M.D. ❑ None ❑ Other:_______________

Length of Pregnancy:____________

Prenatal Complications:

❑ None
❑ Toxemia
❑ Anemia
❑ Hemorrhage
❑ Rubella
❑ Syphilis
❑ Other:_______________

Drugs taken during pregnancy:

❑ Vitamins:_____________ ❑ Iron:_______________

❑ Other:____

Delivery:

❑ Physician ❑ Midwife ❑ Other:_______________

Delivery In:

❑ Hospital ❑ Home ❑ Other:_______________

Type Delivery: ❑ Normal

❑ Abnormal (explain):_____________________________

____

Length of Labor:____________

Newborn: Birth Weight:_________lbs. _________ozs.

Complications:

❑ None
❑ Difficult Resuscitation
❑ Convulsions
❑ Injury
❑ Jaundice
❑ Other:_______________

Are Immunizations Current? ❑ Yes ❑ No

FEEDING HISTORY:

Vitamins?:______________________________________

Breast or Bottle?:_________________________________

Type Formula?:___________________________________

Does child appear well nourished? ❑ Yes ❑ No

If no, explain:____________________________________

____

Allergies: ❑ None

____

____

Medications: ❑ None

____

____

Past Medical History:

____

____

Operations: ❑ None

____

Hospitalizations: ❑ None

____

SIGNATURE:

____
Parent/Guardian Name

____
Parent/Guardian Signature

Relationship to patient:___________________________