

Wake Health Services, Inc. Pediatric Medical History Form

Apex Family Medicine
212 South Salem Street
Apex, NC 27502

Horizon Health Center
102 N. Tarboro Road
Raleigh, NC 27610

New Bern Ridge Dental Center
2620 New Bern Avenue
Raleigh, NC 27610

New Bern Ridge Pediatrics
2620 New Bern Avenue
Raleigh, NC 27610

Rock Quarry Road Family Medicine
1001 Rock Quarry Road
Raleigh, NC 27610

Southern Wake Family Medicine
130 N. Judd Parkway, NE
Fuquay-Varina, NC 27626

Child's Name: _____ Parent/Guardian Name: _____

Date of Birth: _____ Sex: Male/Female (circle one) Race: _____

Birth History

Was the child born: on time / more than one month early / or late ? (circle one)

List any complications with the pregnancy or delivery _____

Type of delivery: vaginal / C-Section ? (circle one) Place of birth: _____

At birth, what was the child's: Weight _____ Length _____ APGARS _____

Is the child: Bottle-fed / Breast-fed / Both ? (circle one)

Family History (circle any family history of – not to include child)

High Blood Pressure	Diabetes	Thyroid Problems	Seizures	Sickle Cell Anemia
Asthma	Mental Illness	Depression	Violence	Alcoholism
ADD/ADHD	Cancer	Allergic Disorders	Stroke	Other:

Child's Medical History – circle all that apply

Asthma	ADD/ADHD	Seizures	Eczema	Ear infections-recurrent
Behavioral Problems	Bedwetting	Significant Injuries	Hearing Problems	Vision Problems

List any other problems with child: _____

List any hospitalizations/surgeries:

List any allergies: _____

List any medications child currently taking: _____

Social History

Do you have: city water / well water ? (circle one) Are there any smokers in the home? Yes / No

Is the child in daycare? Yes / No Who is the child's primary caregiver? _____

Has the child received immunizations with another provider? Yes / No

If yes, where? _____

Who else may bring the child in for care in your absence? _____

Name of person completing form: _____

Relationship to patient: _____ Date: _____

Provider Signature: _____ Date: _____