



**Robeson Pediatrics**  
**Medical History Information Sheet**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Chart# \_\_\_\_\_

**Family History**

Family Member	Name	DOB	Health Problems
Father			
Mother			
Siblings			

Any significant history of disease in relatives? \_\_\_\_\_

Any relatives with sudden death prior to age 50?  NO  YES WHO? \_\_\_\_\_

**Perinatal History**

Number of Pregnancies \_\_\_\_\_ Miscarriages \_\_\_\_\_ Abortions \_\_\_\_\_

Stillbirths \_\_\_\_\_ Premature Births \_\_\_\_\_ Living Children \_\_\_\_\_

Age & Cause of Any Child Deaths \_\_\_\_\_

Patients Birth Weight \_\_\_\_\_ Weeks Gestation \_\_\_\_\_ Delivery:  Vaginal  C-section

Problems During This Pregnancy/Labor/Delivery \_\_\_\_\_

**Patient History**

Past Medical History	NO	YES	Comment on "Yes"
Recurrent Illness?			
Medication Allergy?			
Respiratory Allergy?			
Behavior Problems?			
Abnormal Growth or Development?			
Previous Hospitalizations or Surgeries?			
Current Medications?			
See other Doctors?			

Are there concerns we should be aware of or discuss? \_\_\_\_\_