

PEDIATRIC HISTORY

Health	Yes	No	Dates/Service/Hospital
Did child PASS newborn hearing screening?			
Jaundice at birth?			
Light therapy for jaundice at birth?			
CMV (cytomegalovirus)?			
Medical diagnoses (ADHD/Autism/Metabolic)			
Was your baby born term or early? Early Why?			
Any illness or problems in pregnancy? Gestation?			
During pregnancy did mother smoke, drink alcohol or illicit drugs?			
Was mother on medications during pregnancy? Did mother have any complications during delivery of baby?			
Did your baby have any problems after birth? Oxygen?			
Was the umbilical cord wrapped around the baby's neck?			
How much did your baby weigh at birth?			
Has your child had any serious accidents or injuries?			
Has your child ever been hospitalized?			
Are you concerned about your child's development? Is he/she delayed in speech, growth, receptive/expressive language?			
Does your child have allergies (Seasonal/medicine/drugs/food)			
Is your child doing well in school?			
Does your child have behavioral issues?			
Has your child repeated or failed a grade in school?			
Does your child qualify for special/resource classes at school?			
Does your child have constipation issues?			
Does your child have asthma?			
How many words does your child have? Will they follow simple commands at home?			