9820 E Burnside St.
Portland, OR 97216

PEIRSON CENTER FOR CHILDREN

(971) 202-7356
www.peirsoncenter.com

Pediatric Health History Form

Name: _____ Age_____ Date of Birth_____Gender:_____

Parent(s) Name(s):_____

Address: _____

Phone Number: _____ E-mail Address:_____

Parent(s) Occupation(s): _____

Emergency Contact Name: _____ Phone Number: _____

What are your biggest concerns or symptoms you would like to address? _____

_____

Goals of Treatment: _____

_____

When, where and by who did you last receive medical health care? _____

Do you have a Primary Care Physician? ❑ Y ❑ N If yes, who_____

Diagnosis: ❑ Down syndrome ❑ Autism ❑ ADD/ADHD ❑ Other_____

Medications - List all drugs, vitamins, herbs being taken at present. Use last page if more space is needed.

Drug/Herb/Supplement	Dosage	Frequency	Duration

Does your child take acetaminophen (Tylenol, Paracetamol)? ❑ Y ❑ N If so, how often? _____

Allergies to medications or other substances? ❑ Y ❑ N

Allergy:	Type of reaction:

Vaccinations:

❑ On schedule ❑Modified/delayed schedule ❑No vaccinations

Hospitalizations/Surgeries

Type of Illness or operation/procedure	Date	Hospital

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Health History

Pregnancy:

- ❑ History of miscarriage
- ❑ Excessive nausea
- ❑ Hypothyroidism
- ❑ Low iron
- ❑ Excess fatigue
- ❑ Stress
- ❑ Reflux and/or constipation
- ❑ Excess low back pain
- ❑ Plantar fasciitis (foot pain)

# of weeks gestation:_____ # of other children_____

Medications/Supplements taken:_____

Birth:

- ❑ C-section
- ❑ Vaginal delivery
- ❑ Jaundice
- ❑ Heart defect
- ❑ Respiratory issues
- ❑ NICU
- ❑ Breastfed
- ❑ Formula
- ❑ NG tube

Birth weight: _____
Birth complications: _____
Feeding: ❑Breastfed, how long? _____❑Pumped, how long? _____
❑ Formula fed, type of formula? (cow's milk, soy, other)_____ (list all that apply)

Growth:

Current weight: _____ Clothing size: _____

Current height: _____ Shoe size: _____

Any periods of little or no growth? ❑ Y ❑ N If so, when? _____

Family History

- ❑ Thyroid Disease
- ❑ Heart Disease
- ❑ Stroke
- ❑ IBS/Crohn's
- ❑ Arthritis
- ❑ Mental Illness
- ❑ Diabetes
- ❑ Cancer
- ❑ Autoimmune
- ❑ Allergies/Eczema/Asthma

Digestion:

- ❑ Hard stools/pellets
- ❑ Excess straining
- ❑ Excess odor
- ❑ Soft/firm stools
- ❑ Diarrhea
- ❑ Undigested food
- ❑ Bloated belly
- ❑ Tummy aches/cramping
- ❑ Poor appetite
- ❑ Excess passing gas
- ❑ Excess belching
- ❑ Overeats

Bowel movement frequency: _____ Stool color: _____

Diet

Breakfast_____
Lunch _____
Dinner_____
Snacks_____
Beverages_____
Aversions_____

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Ear Nose Throat:

❑ Ear infections ❑ Ear tubes/grommets ❑ Did not pass hearing tests ❑ Frequent mucous in throat
❑ Ear fluid ❑ Passed hearing tests ❑ Excess ear wax ❑ Chronic cough
❑ Tonsil removal ❑ Chronic nasal congestion ❑ Enlarged tonsils ❑ Chokes on thin liquids
❑ Adenoid removal ❑ Sinus infections ❑ Enlarged adenoids ❑ History of strep throat

Number of rounds of antibiotics since birth: _____

Respiratory:

❑ Pneumonia ❑ Bronchitis ❑ RSV ❑ Croup ❑ Asthma ❑ Other _____

How many hours of physical activity does your child get per day? _____
How much time outside/in nature does your child get each day? _____
How many hours of screen time per day? _____

Sleep:

❑ Restless sleep ❑ Unusual positions ❑ Snores ❑ Difficulty falling asleep
❑ Gasps ❑ Mouth breathes ❑ Extends neck ❑ Night terrors

Date of last sleep study:_____ Results:_____

# of hours of sleep per night:_____ # wakings during the night:_____

# of hours per nap:_____ # of naps:_____

Energy:

❑ Excellent ❑ Good off and on ❑ Poor ❑ Hyperactive

Gross Motor Skills:

❑ Rolls over ❑ Sits up unassisted ❑ Crawls (4-point) ❑ Pulls to standing ❑ Cruises on furniture
❑ Walks ❑ Runs ❑ Kicks ball ❑ Jumps ❑ Rides Bike

Teeth

❑ Delayed eruption/loss ❑ Prognathism (underbite) ❑ Cavities
❑ Crowded ❑ Grinds teeth ❑ Undergone palate expansion

Skin/Hair/Nails

❑ Dry skin ❑ Orange skin ❑ Thin hair
❑ Mottled skin ❑ Rashes/eczema ❑ Brittle, peeling finger and/or toenails

Cognition/Speech

❑ Verbal ❑ Speech is developing ❑ Good receptive language
❑ Non-verbal ❑ Appropriate play for age ❑ Receptive language emerging

Therapies used

❑ Early Intervention ❑ Anat Baniel ❑ NACD ❑ MNRI
❑ IAHP ❑ Feldenkreis ❑ ICAN ❑ Other_____

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Tell us about your experience with medical providers so far.