

Stepping Stones Pediatrics
 10941 Raven Ridge Road, Ste 105
 Raleigh, NC 27614

Pediatric History Assessment

Chart # _____

Name: _____ Birth Date: _____

First

Middle

Last

Medical History

Length of Pregnancy _____ wks Preterm Term Late
 Problems during pregnancy/labor/delivery _____

Type of delivery: Vaginal C-Section Vacuum Forceps
 Birth Defects: _____
 Hospitalizations/Emergency visits: _____
 Surgeries: _____
 Broken bones/Accidents: _____
 Behavioral Problems: _____
 School Problems: _____
 Developmental problems: _____

Current Medications your child is taking: (including vitamins, supplements, over the counter medicines)
 Allergies: _____

Medication	Dose	How often

Childhood Illnesses (circle all that apply)

Alcohol/Drug abuse	Frequent ear infections
Allergies (pollen/food)	Frequent throat infections
Anemia	Headaches
Asthma	Mental Illnesses
Bronchitis/Croup	Pneumonia
Chicken pox	Stomach aches
Constipation	Other: _____

Child Prevention History:

Water source: City Well
 Are there smokers in your family? Who _____
 Do you have pets in the home? Kind _____
 Does your child always use a car seat or seat belt? Yes No
 Any there any firearms or guns in the home? Yes No
 Do you have smoke alarms in your home? Yes No
 Are you aware of any lead exposure? Yes No

Family History:

Name (first/last)	Date of Birth	Education	Occupation
Mom			
Dad			
Brother/Sisters			

Family medical History: (parents, siblings, grandparents, uncles, aunts, cousins) circle all that apply

Alcohol/Drug abuse	Asthma	Heart disease	Learning problems	Sickle cell
Allergies (pollen, food)	Cancer	High Blood Pressure	Mental illness	Stroke
Anemia	Diabetes	High cholesterol	Migraine	Thyroid problems
Attention deficit	Eczema	Kidney problems	Seizures/Epilepsy	Other: _____

Completed By: _____ Signature: _____ Date: _____