

LA ALTURA PEDIATRICS
MEDICAL HISTORY

PATIENT NAME: _____ DOB: _____ Male / Female

BIRTH HISTORY: ___ WKS (term/preterm) VAG / C-SEC; ___ lbs ___ oz (___ kg)
Hosp: _____ Hep B given? Y / N
Any complications? _____ Maternal complications? _____

NUTRITION:

INFANTS: Breast ___ min each side every ___ hours Problems? _____
Formula ___ oz every ___ hours Type: _____
Cereal (Rice / Oatmeal) Fruits / Veggies / Meats
Allergies? _____

TODDLER: MILK ___ oz per day Type: Whole / Soy / Lowfat / Formula
Good Eater / Picky Eater Still use bottle? Y / N
Fruits / Veggies / Chicken / Meat / Fish
Allergies? _____ Vitamins? Y / N

CHILD (3-11): MILK ___ oz per day Type: Whole / Soy / Lowfat / Other
Good Eater / Picky Eater
Fruits / Veggies / Chicken / Meat / Fish
Allergies? _____ Vitamins? Y / N

TEEN (12-18): MILK ___ oz per day Type: Whole / Soy / Lowfat / Other
Fruits / Veggies / Chicken / Meat / Fish
Allergies? _____ Vitamins? Y / N

MEDICATIONS:

1. _____ mg _____ daily for _____ (condition)
2. _____ mg _____ daily for _____
3. _____ mg _____ daily for _____

DRUG ALLERGIES: _____ what reaction? _____

PAST MEDICAL HISTORY (DIAGNOSES):

1. _____
 2. _____
 3. _____
 4. _____
- Hospitalizations? _____ (diagnosis/date)

SURGERIES:

1. _____
2. _____
3. _____
4. _____

SPECIALISTS:

1. _____
2. _____
3. _____
4. _____

FAMILY MEDICAL HISTORY (DIAGNOSES):

FATHER: _____ MOTHER: _____
BRO: _____ SIS: _____
PAT GF: _____ MAT GF: _____
PAT GM: _____ MAT GM: _____
OTHERS: _____

SOCIAL:

Lives with MOM / DAD / SIS ___ / BRO ___ / OTHERS _____
FOSTER / ADOPT / CPS / SHELTER _____
Any Smokers? Y / N PETS? _____
Old house (<1978) / New house / Apt / Other _____

EDUCATION:

DAYCARE? Y / N FULL / PART PRE-K? Y / N
GRADE: _____ SCHOOL: _____
REG CLASSES / SPECIAL ED / REPEAT / ADVANCED OR HONORS

WORK:

PATIENT: _____ (Employer) HRS PER WEEK _____
MOM: Homemaker / _____ (Employer) _____ (position)
DAD: Homemaker / _____ (Employer) _____ (position)

EXPOSURE TO TUBERCULOSIS? Y / N / NOT SURE

EXPOSURE TO LEAD? Y / N / NOT SURE

USE WIC? Y / N

If you would like to meet with a Dietitian to discuss healthy eating or weight management for your children or family, please let the receptionist know in the front. You can also go to www.nutritiontherapyassociates.com for more information.

If you would like to meet with a Psychologist to discuss behavioral health issues, including depression, anxiety, ADHD, or other issues, please let the receptionist know.

Thank you for choosing LA ALTURA PEDIATRICS to serve your children's healthcare needs. We hope you will continue to entrust us with their care, as we HELP THEM REACH GREAT HEIGHTS. We welcome any comments, suggestions, or complaints in order to improve our quality of care.

CONFIDENTIAL
TO BE FILLED OUT BY PATIENT ONLY

TEENS/ADULT PTS:

Smoke cigarettes? Y / N Since when? _____ Daily / Parties only
Drink alcohol? Y / N Since when? _____ Daily / Parties only
Smoke pot? Y / N Since when? _____ Daily / Parties only
Do illicit drugs? Y / N Since when? _____ Daily / Parties only

Which ones? _____

Sexual activity? Y / N Since when? _____ Last time? _____

Heterosexual / Homosexual / Bisexual / Not applicable

Protected? Y / N How? _____

Females: Menarche at age ____ (Know date? _____)

LMP: _____ Reg / Irreg / Heavy / Painful Periods

Cycle lengths ____ days average

Mood: Usu. happy / sad / angry / hyperactive / combative / oppositional / anxious

I tend to break some laws? Y / N

I have been physically / mentally / sexually abused? Y / N

By whom? _____

I have an eating disorder? Y / N / Unsure

I would like to weigh: more / less / neither

I would like to meet with a dietitian? Y / N

I would like to meet with a counselor or therapist? Y / N

I feel overwhelmed at: school / home / sports / life

I want to hurt myself? Y / N I have a plan to hurt myself? Y / N

I want to hurt someone else? Y / N I have a plan? Y / N

I cry frequently? Y / N I am nervous about: _____

I would like to improve my grades? Y / N

I would like to quit: smoking / illicit drugs / drinking alcohol / sexual intercourse

I have a sore on my genitals? Y / N

I have an abnormal discharge from my genital area? Y / N

I get along with my: mom / dad / bro / sis / step-mom / step-dad / step-sibs

I want to be a ... when I finish school? _____ / undecided

I want to go to college? Y / N

If I had a million bucks, I would...? _____

In my free time, I like to: hang out with friends / be alone / play video games /
chat online / my space / text message / shop / play sports / play music / listen to
music / do chores (don't lie!) / read books / other _____

Reminder: Most of this information is CONFIDENTIAL. However, we encourage you to discuss these things with your parents, as it is their job to help teach you about life. If you have difficulty communicating with your parents, please feel free to let Dr. Garza know. Also, a website you can go for helpful information is www.teenbreaks.com.