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Name _____

PEDIATRIC HISTORY

Date Today _____ Date of Birth _____

ILLNESS AND INJURIES

Yes	No	
		Mumps
		Measles
		German Measles
		Chickenpox
		Seizures
		Asthma
		Allergies
		Broken Bone(s)
		Knocked Unconscious
		Tonsillitis
		Urinary Tract Infection
		Ear Infection(s)
		Pneumonia
		Meningitis
		Feeding Problems
		Hearing Problem
		Vision Problem
		Heart Murmur

ALLERGIES OR REACTION TO MEDICATION OR FOOD

None

Medication/ Food	Date of Reaction	What happened?

**MEDICATIONS CURRENTLY TAKEN
(once/month or more)**

None

Medication	Taken how often?	What for?

**HOSPITAL, SURGERY, OTHER MAJOR ILLNESS
OR INJURY**

Date	Describe why hospitalized, nature of surgery, what illness

PREVENTION

Yes	No	
		Child in car seat or seat belt at all times when riding in car
		Poisons kept in a locked place
		Pools, lakes, etc. properly fenced or supervised
		Knives and guns properly stored
		Fireplace screened
		Nutritious diet (your opinion)
		Brush teeth daily

BIRTH HISTORY

Where born _____
 Who delivered baby _____
 Weight _____
 Apgar scores (if known):
 1 min _____ 5 min _____
 Was baby born within 2 wks of expected day?
 Yes No Early Late
 Hours of Labor _____
 Labor was Spontaneous
 Induced
 Was medication given during labor? Yes No
 Delivery was: Spontaneous or Vaginal
 Forceps or Vacuum assisted
 Cesarean section
 Baby position: Head first
 Feet/bottom first
 Problems or complications of delivery:

NEWBORN HISTORY (First few days of life)

Baby cried or breathed spontaneously within 1 or 2 minutes?
 Yes
 No
 Was baby jaundiced (yellow)?
 Yes No
 How many days in hospital? _____
 Baby's problems or complications:

 Was child breast fed?
 Yes No
 How long? _____

MATERNAL HISTORY

Mother's age when this child born _____
 Number of pregnancies prior to this child _____
 Medical problems during this pregnancy:
 (Illnesses, infections, anemia, etc.)

 Medications taken during pregnancy: (List all)

DEVELOPMENTAL HISTORY

Give age at which child accomplished the following skills. (Leave blank if not done currently)

	(Age in months)
Laugh out loud	_____
Reach out for objects	_____
Sit without support	_____
Feed self crackers	_____
Say dada, mama in reference to right person	_____
Drink from a cup	_____
Walk well	_____
Toilet trained (daytime)	_____
Combine 2 words	_____
	(Age in years)
Give first and last name	_____
Dress self	_____

SOCIAL HISTORY

Give your brief assessment in 2-3 words of your child's:

Ways of comforting self
Expression of anger/frustration
Cooperation/obedience
Fears
Self-satisfaction/degree of happiness
Reaction to change
Relationship to other children
School performance