



**Midori Nishimura, M.D., IBCLC
Family Medicine and Lactation**

1706 Willow Street, Suite #F Phone 650.988.1800
San Jose, CA 95125 Fax 650.988.1802
www.midorimd.com

Name _____

PEDIATRIC HISTORY

Date Today _____ Date of Birth _____

PAST 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	
		Smoker in household
		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

DEVELOPMENTAL/BEHAVIORAL PROBLEM

Yes No