



Children's Orthopedic Specialists

THE ONLY PRACTICE DEDICATED TO PEDIATRIC ORTHOPEDICS AND SCOLIOSIS
IN SOUTHERN ARIZONA

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Primary Care Physician/Pediatrician: _____

HEALTH HISTORY

Child's Medical History

Has Your Child Ever Had The Following?

Asthma/Weezing	<input type="checkbox"/> Y <input type="checkbox"/> N	Congenital Heart Disease	<input type="checkbox"/> Y <input type="checkbox"/> N
Bleeding Tendencies	<input type="checkbox"/> Y <input type="checkbox"/> N	Infections of Bone/Joint	<input type="checkbox"/> Y <input type="checkbox"/> N
Seizures/Epilepsy	<input type="checkbox"/> Y <input type="checkbox"/> N	Developmental Delay	<input type="checkbox"/> Y <input type="checkbox"/> N
Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N	ADD/ADHD	<input type="checkbox"/> Y <input type="checkbox"/> N

Year	Other Medical Problems/Diagnosis
Year	Prior Surgeries/Hospitalizations
Medications	

Allergies: None PCN Amoxicillin Sulfa
Keflex Codeine Adhesive Latex

If female, enter date of onset of menses: _____ Or circle: Not Yet

Lives with: _____

Child's Birth History

Problems or Illnesses during pregnancy? Y N _____

Medications taken during pregnancy? Y N _____

Gestation (weeks/days early or late): _____

Delivery: Vaginal Breech C-Section

Birth Weight: _____ lbs. _____ oz.

Family Medical History

Orthopedic or Musculoskeletal Problems

Mom	
Dad	
Siblings	

REVIEW OF SYSTEMS

EYE, EAR, NOSE, THROAT

Vision Problems Y N
Allergies Y N
Sinus Problems Y N
Frequent tonsil infections Y N

GENERAL

Excessive thirst Y N
Marked increase or decrease in appetite Y N
Fever Y N

SKIN

Slow healing bruises Y N
Persistent rashes Y N

GASTROINTESTINAL

Diarrhea Y N
Constipation Y N
Nausea or vomiting Y N

GENITOURINARY

Urination problem Y N
Frequent urination Y N

HEART

Heart murmur Y N
Irregular heart beat Y N

SOCIAL

Parental divorce/separation Y N
Death in family Y N

LUNGS

Difficulty breathing Y N
Wheezing Y N
Recurrent cough Y N
Shortness of breath Y N

MUSCULOSKELETAL

Painful/swollen joints Y N
Posture problems Y N
Dislocations Y N
Broken bones Y N

NERVOUS SYSTEM

Dizzy or fainting spells Y N
Convulsions, Seizures Y N
Tremors Y N
Difficulty balancing or handling objects Y N