

## Pediatric Patient Update

Patient Name:		DOB:	
Person completing this form:			Relation to Patient:
Primary Care Physician: Pharmacy:			
Current Medications:			
Medication/Environmental Allergies:			
Immunizations: Up to date INot up to date Flu shot within the past 12 months? Yes No			
Social History Name of school:	Grad	e in School: W	/hat are your grades?
Does your school have a nurse?			
Do you have PE in school?  Yes No If yes, how many times/week and for how longminutes			
What activities do you participate in?			
Any major changes at home, such as a new infant, divorce, etc.?			
Do you smoke tobacco?  Yes No How many times per day?			
Do you chew tobacco?   Yes  No How many times per day?			
Do you drink alcohol?			
Health Problems: Please mark any that you have had since your last visit:			
General	Blood/Lymph	Head/Neuro	
Fever Fever	Swollen glands	🗌 Muscle w	eakness 🛛 Blood in urine
Fainting/Dizzy spells	Easy bruising	🗌 Headache	es 🗌 Frequent urination
Frequently tired	Excessive bleeding	frequent	occasional 🛛 Wetting bed/self
Trouble sleeping	<u>Heart</u>	□ Seizures	Difficulty with urination
Wakes feeling tired	Chest pain with act	-	
Ear, Nose, Throat	Swelling in hands/f		
Nose bleeds	Short of breath: At		
Sinus problems	lying down with w		
Sore throat	Known heart murn		
Teeth problems	Palpitations		ken bones <u>Allergy</u>
☐ Thrush	Lungs	<u>#</u> _	Runny nose
Dry mouth	Sleep apnea	Muscle sp	
Chronic ear infections	Cough	Skin/Hair	L Itching
Hearing problems	Wheezing	Rashes     Dry akin	<u>Psychiatric</u>
Neck swelling	Coughing up blood	Dry skin	Feels sad/depressed
Neck pain	Gastrointestinal	Stretch m	
Eyes Blurry vision	□ Nausea	□ Pale/othe	ar color
Dry eyes	Abdominal pain	changes	<u>Other:</u>
<ul> <li>Dry eyes</li> <li>Vision change</li> </ul>	Frequent vomiting		hair growth
<ul> <li>Wears: glasses   contacts</li> </ul>	Excessive Poor app		•
	Diarrhea	,	
	Constipation		
	Vomiting blood		
<b>Females only</b> : Periods are 🗆 Regular 🗆 Irregular 🗆 Painful 🗆 Heavy 🗆 Spotting between periods			
□ Vaginal Discharge: bloody   Clear   white   yellow Date of last period:			