



MyCare Health Center

18 Market Street, Suite C, Mt. Clemens, MI 48043 P: 586.783.2222 F: 586.783.6280
 6900 E. Ten Mile Road, Center Line, MI 48015 P: 586.756.7777 F: 586.756.7788
 43740 Groesbeck Highway, Clinton Township, MI 48036 P: 586.783.2222 F: 586.783.6280

www.mycarehealthcenter.org

Medical Practice Network Pediatric Health History

Patient's Name		Date of Birth	Today's Date																						
Race		Gender M F	Referred by																						
Father's Name		Mother's Name		Guardian's Name																					
Father's Address		Mother's Address		Guardian's Address																					
Father's Phone		Mother's Phone		Guardian's Phone																					
Family History			Birth and Development																						
<p>Has anyone in the family had:</p> <p>Tuberculosis.....Yes No TBC Contacts: _____</p> <p>Congenital Heart Disease.....Yes No</p> <p>Diabetes.....Yes No</p> <p>Anemia.....Yes No</p> <p>Convulsive disease.....Yes No</p> <p>Excessive bleeding or bruising.....Yes No</p> <p>Mental illness.....Yes No</p> <p>Is mother Rubella-immune.....Yes No</p> <p>Mother's blood type: _____ RH: _____</p> <p>Baby's blood type: _____</p> <p>Were drugs or alcohol used during pregnancy?.....Yes No</p> <p style="text-align: center;"> <u>Age</u> <u>Health</u> <u>Allergies</u> </p> <p>Mother: _____</p> <p>Father: _____</p> <p>Sibling: _____</p> <p>Sibling: _____</p> <p>Any tobacco or alcohol use in the family?.....Yes No</p>			<p style="text-align: center;">Complete for infants only.</p> <p>Obstetrician: _____</p> <p>Obstetrician Address: _____</p> <p>_____</p> <p>Obstetrician Phone: _____</p> <p>Term: _____ Type of Delivery: _____</p> <p>Birth Weight: _____ Apgar Score: _____</p> <p>Condition at Birth: _____</p> <p>Condition at 1st Week: _____</p> <p>Feeding habits in infancy: _____</p> <p>Cyanosis? _____</p> <p>Convulsions? _____</p> <p>Jaundice? _____</p> <p style="text-align: center;">Complete for toddlers and preschoolers. (circle one)</p> <table style="width: 100%; border: none;"> <tr> <td>Sat Up</td> <td>Normal for age</td> <td>Delayed</td> </tr> <tr> <td>Stood</td> <td>Normal for age</td> <td>Delayed</td> </tr> <tr> <td>Walked</td> <td>Normal for age</td> <td>Delayed</td> </tr> <tr> <td>Short Sentences</td> <td>Normal for age</td> <td>Delayed</td> </tr> <tr> <td>First Teeth</td> <td>Normal for age</td> <td>Delayed</td> </tr> <tr> <td>Bladder Control</td> <td>Normal for age</td> <td>Delayed</td> </tr> <tr> <td>Bowel Control</td> <td>Normal for age</td> <td>Delayed</td> </tr> </table>		Sat Up	Normal for age	Delayed	Stood	Normal for age	Delayed	Walked	Normal for age	Delayed	Short Sentences	Normal for age	Delayed	First Teeth	Normal for age	Delayed	Bladder Control	Normal for age	Delayed	Bowel Control	Normal for age	Delayed
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Immunizations			Nutrition																						
<p>Has child received any immunizations yet?.....Yes No</p> <p>Are they up-to-date for age?.....Yes No</p> <p>Do you have a copy of immunization record?.....Yes No</p> <p>Any exposure to communicable disease?.....Yes No</p> <p>Explain: _____</p> <p>_____</p>			<p>Is child allergic to any food?.....Yes No</p> <p>Please describe: _____</p> <p>_____</p> <p>Are you able to afford adequate food?.....Yes No</p> <p>Explain: _____</p> <p>_____</p>																						

**Medical Practice Network
Pediatric Health History**

Patient's Name	Date of Birth	Today's Date
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Social History	Safety History
Language spoken in the home: _____ Any history of violence or abuse in the family?Yes No Any use of tobacco or alcohol by the child?.....Yes No Whom does the child live with? _____ Who is the child's primary caretaker? _____ Do you have any religious/cultural objections to any traditional medical procedures?.....Yes No School/Grade: _____	When riding in a car, does the child wear seatbelt or is she/he restrained in a car seat?.....Yes No If old enough to ride a bicycle, use rollerblades, or skateboard, does she/he wear a helmet?.....Yes No
<p align="center">Legal Guardian</p> Name: _____ Relationship: _____ Phone: _____	<p align="center">Patient Health History</p> Allergies (to drugs, food, tape, others): _____ _____ Past hospitalizations/illnesses: _____ _____

Current Medications		
Name	Dose	Frequency (once daily, etc.)

How did you hear about us? _____

Signature of person completing form

Relationship to patient