Date: _____ Chart #: _____

PATIENT HISTORY FORM - CHILD

Welcome to Urology Associates, P.C. This questionnaire is intended to be a COMPLETE account of your medical history. Please answer completely, including details and dates, if known. Incomplete answers to these questions could lead to improper treatment.

Patient Name: _____ D.O.B:_____Age:_____

Who is your child's primary care doctor? _____

Why is your child seeing the doctor today? _____

MEDICAL HISTORY **Child's Height: _____ ft _____in** **Weight: _____ lbs** **Temp: _____**
Past Medical History (Circle yes or No)

Complications with pregnancy or delivery	Y	N	Pre-Maturity	Y	N	Urinary Tract Infections	Y	N
Abnormal prenatal ultrasounds or exams	Y	N	Unexplained Fevers	Y	N	Bedwetting	Y	N
Wets or Soils Underwear	Y	N	Persistent Constipation	Y	N	Known Medical Disease	Y	N
Heart Problems	Y	N	Lung Problems	Y	N	Intestinal Problems	Y	N
Nervous Disorder	Y	N						

PAST SURGICAL HISTORY (Please list any surgeries your child has had and approximate date):

_____

ALLERGIES – **Is your child allergic to**: __Latex __Iodine __Shellfish

MEDICATIONS THAT CAUSE ALLERGIES (i.e. hives, rash, difficulty breathing)

_____

CURRENT MEDICATIONS ____My Child currently take no medications.
List Medications with dose

1._____ _____ 2._____ 3. _____

SOCIAL HISTORY

Does your child enjoy and participate normally in school or social activities? Y N If No, please explain:
_____

FAMILY HISTORY

Birth Defects Y N Kidney, Bladder or Genital abnormalities Y N

Other_____

REVIEW OF SYSTEMS

Fever	Y	N	Headache	Y	N	Visual Changes	Y	N	Dizziness/Lightheadedness	Y	N
Fatigue	Y	N	Nausea/Vomiting	Y	N	Abdominal Pain	Y	N	Chest Pains	Y	N
Rash/Itching	Y	N	Joint/Back Pains	Y	N	Urinary Problems	Y	N	Blood in Urine	Y	N
Cough	Y	N	Wheezing	Y	N	Shortness of Breath	Y	N	Bleed Easily	Y	N
Depressed/Sad	Y	N	Swollen Glands	Y	N				Extreme sensitivity to cold/heat	Y	N

Please elaborate on any *"yes"* answers from above (be as specific as possible):_____

_____

(For Office Use Only)

ASSESMENT OF PLAN

__Flow Rate __Bladder Scan __UA w/micro ___Culture __Cytology __Renal U/S __Pelvic U/S