



GASTRO NEW PATIENT HISTORY FORM

Date _____

Last name of your Child	First Name	MI	Date of Birth

Primary Care physician/Pediatrician	Other Doctors Caring for your Child
Dr. _____	Dr. _____
Why did your doctor refer you to us?	

Child lives with	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other
Ages/Occupations of Parents/Guardians	Mother's Age: _____ Occupation: _____ Father's Age: _____ Occupation: _____
Brothers and Sisters	Number _____ Age(s) _____
Pets	Number _____ Species: _____
Any Problems at School	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please give details
Child's Grade Level	
Smokers in the home?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Water	<input type="checkbox"/> City <input type="checkbox"/> Well

Review of Systems		Please check the items below that your child <u>has now</u> .																																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Gastrointestinal</th></tr> <tr><td>Acid Reflux</td></tr> <tr><td>Heartburn</td></tr> <tr><td>Swallowing Difficulty</td></tr> <tr><td>Constipation</td></tr> <tr><td>Diarrhea</td></tr> <tr><td>Blood in Stool</td></tr> <tr><td>Nausea</td></tr> <tr><td>Vomiting</td></tr> <tr><td>Abdominal Pain</td></tr> <tr><td>Loss of Appetite</td></tr> <tr><td>Feeding Refusal</td></tr> <tr><th style="text-align: center;">Constitutional</th></tr> <tr><td>Poor/No Weight Gain</td></tr> <tr><td>Weight Loss</td></tr> <tr><td>Fever</td></tr> <tr><td>Unusual Fatigue</td></tr> <tr><td>Lack of Energy</td></tr> <tr><th style="text-align: center;">Ear, Nose & Throat</th></tr> <tr><td>Hearing Loss</td></tr> <tr><td>Earaches or Drainage</td></tr> <tr><td>Sinus Problem</td></tr> <tr><td>Allergic Rhinitis</td></tr> <tr><td>Nose Bleeds</td></tr> <tr><td>Mouth Sores</td></tr> <tr><td>Sore Throat</td></tr> <tr><td>Bad Taste in Mouth</td></tr> <tr><td>Swollen Gland in Neck</td></tr> <tr><th style="text-align: center;">Endocrine/Metabolic</th></tr> <tr><td>Diabetes</td></tr> <tr><td>Thyroid Problems</td></tr> </table>	Gastrointestinal	Acid Reflux	Heartburn	Swallowing Difficulty	Constipation	Diarrhea	Blood in Stool	Nausea	Vomiting	Abdominal Pain	Loss of Appetite	Feeding Refusal	Constitutional	Poor/No Weight Gain	Weight Loss	Fever	Unusual Fatigue	Lack of Energy	Ear, Nose & Throat	Hearing Loss	Earaches or Drainage	Sinus Problem	Allergic Rhinitis	Nose Bleeds	Mouth Sores	Sore Throat	Bad Taste in Mouth	Swollen Gland in Neck	Endocrine/Metabolic	Diabetes	Thyroid Problems	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Eyes/Vision</th></tr> <tr><td>Use Glasses/Contacts</td></tr> <tr><td>Cataracts</td></tr> <tr><td>Blindness</td></tr> <tr><td>Blurred or Double Vision</td></tr> <tr><th style="text-align: center;">Respiratory</th></tr> <tr><td>Chronic Cough</td></tr> <tr><td>Coughing Up Phlegm</td></tr> <tr><td>Asthma/Wheezing</td></tr> <tr><td>Shortness of Breath</td></tr> <tr><td>Pneumonia</td></tr> <tr><td>Hoarseness</td></tr> <tr><td>Spitting Up Blood</td></tr> <tr><td>Tracheotomy</td></tr> <tr><th style="text-align: center;">Cardiac</th></tr> <tr><td>Heart Murmur</td></tr> <tr><td>High Blood Pressure</td></tr> <tr><td>Chest Pain/Discomfort</td></tr> <tr><td>Unusual Heartbeat</td></tr> <tr><td>Swelling in Feet or Ankles</td></tr> <tr><th style="text-align: center;">Genitourinary</th></tr> <tr><td>Urine Infection</td></tr> <tr><td>Bed Wetting</td></tr> <tr><td>Incontinence of Urine</td></tr> <tr><td>Kidney Diseases</td></tr> <tr><th style="text-align: center;">Psychosocial</th></tr> <tr><td>Anxiety Disorder</td></tr> <tr><td>Depression</td></tr> <tr><td>Bipolar Disorder</td></tr> <tr><td>ADHD/ADD</td></tr> <tr><td>Substance Abuse</td></tr> </table>	Eyes/Vision	Use Glasses/Contacts	Cataracts	Blindness	Blurred or Double Vision	Respiratory	Chronic Cough	Coughing Up Phlegm	Asthma/Wheezing	Shortness of Breath	Pneumonia	Hoarseness	Spitting Up Blood	Tracheotomy	Cardiac	Heart Murmur	High Blood Pressure	Chest Pain/Discomfort	Unusual Heartbeat	Swelling in Feet or Ankles	Genitourinary	Urine Infection	Bed Wetting	Incontinence of Urine	Kidney Diseases	Psychosocial	Anxiety Disorder	Depression	Bipolar Disorder	ADHD/ADD	Substance Abuse	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Skin</th></tr> <tr><td>Eczema or Skin Rash</td></tr> <tr><td>Bruises</td></tr> <tr><th style="text-align: center;">Hem/Lymph</th></tr> <tr><td>Bleeding Problems</td></tr> <tr><td>Enlarged Glands</td></tr> <tr><td>Easy Bruising</td></tr> <tr><th style="text-align: center;">Neurologic</th></tr> <tr><td>Frequent Headaches</td></tr> <tr><td>Migraine</td></tr> <tr><td>Seizure Disorder</td></tr> <tr><td>Developmental Delay</td></tr> <tr><td>Cerebral Palsy</td></tr> <tr><td>Weakness</td></tr> <tr><td>Previous Stroke</td></tr> <tr><th style="text-align: center;">Musculoskeletal</th></tr> <tr><td>Muscle Weakness</td></tr> <tr><td>Muscle Pain</td></tr> <tr><td>Joint Pain/Swelling</td></tr> <tr><td>Back or Neck Pain</td></tr> <tr><td>Difficulty Walking</td></tr> <tr><th style="text-align: center;">Female</th></tr> <tr><td>Vaginal Discharge</td></tr> <tr><td>Genital Infections</td></tr> <tr><td>Breast Pain</td></tr> <tr><td>Breast Lump</td></tr> <tr><th style="text-align: center;">Others not listed</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Skin	Eczema or Skin Rash	Bruises	Hem/Lymph	Bleeding Problems	Enlarged Glands	Easy Bruising	Neurologic	Frequent Headaches	Migraine	Seizure Disorder	Developmental Delay	Cerebral Palsy	Weakness	Previous Stroke	Musculoskeletal	Muscle Weakness	Muscle Pain	Joint Pain/Swelling	Back or Neck Pain	Difficulty Walking	Female	Vaginal Discharge	Genital Infections	Breast Pain	Breast Lump	Others not listed				
Gastrointestinal																																																																																															
Acid Reflux																																																																																															
Heartburn																																																																																															
Swallowing Difficulty																																																																																															
Constipation																																																																																															
Diarrhea																																																																																															
Blood in Stool																																																																																															
Nausea																																																																																															
Vomiting																																																																																															
Abdominal Pain																																																																																															
Loss of Appetite																																																																																															
Feeding Refusal																																																																																															
Constitutional																																																																																															
Poor/No Weight Gain																																																																																															
Weight Loss																																																																																															
Fever																																																																																															
Unusual Fatigue																																																																																															
Lack of Energy																																																																																															
Ear, Nose & Throat																																																																																															
Hearing Loss																																																																																															
Earaches or Drainage																																																																																															
Sinus Problem																																																																																															
Allergic Rhinitis																																																																																															
Nose Bleeds																																																																																															
Mouth Sores																																																																																															
Sore Throat																																																																																															
Bad Taste in Mouth																																																																																															
Swollen Gland in Neck																																																																																															
Endocrine/Metabolic																																																																																															
Diabetes																																																																																															
Thyroid Problems																																																																																															
Eyes/Vision																																																																																															
Use Glasses/Contacts																																																																																															
Cataracts																																																																																															
Blindness																																																																																															
Blurred or Double Vision																																																																																															
Respiratory																																																																																															
Chronic Cough																																																																																															
Coughing Up Phlegm																																																																																															
Asthma/Wheezing																																																																																															
Shortness of Breath																																																																																															
Pneumonia																																																																																															
Hoarseness																																																																																															
Spitting Up Blood																																																																																															
Tracheotomy																																																																																															
Cardiac																																																																																															
Heart Murmur																																																																																															
High Blood Pressure																																																																																															
Chest Pain/Discomfort																																																																																															
Unusual Heartbeat																																																																																															
Swelling in Feet or Ankles																																																																																															
Genitourinary																																																																																															
Urine Infection																																																																																															
Bed Wetting																																																																																															
Incontinence of Urine																																																																																															
Kidney Diseases																																																																																															
Psychosocial																																																																																															
Anxiety Disorder																																																																																															
Depression																																																																																															
Bipolar Disorder																																																																																															
ADHD/ADD																																																																																															
Substance Abuse																																																																																															
Skin																																																																																															
Eczema or Skin Rash																																																																																															
Bruises																																																																																															
Hem/Lymph																																																																																															
Bleeding Problems																																																																																															
Enlarged Glands																																																																																															
Easy Bruising																																																																																															
Neurologic																																																																																															
Frequent Headaches																																																																																															
Migraine																																																																																															
Seizure Disorder																																																																																															
Developmental Delay																																																																																															
Cerebral Palsy																																																																																															
Weakness																																																																																															
Previous Stroke																																																																																															
Musculoskeletal																																																																																															
Muscle Weakness																																																																																															
Muscle Pain																																																																																															
Joint Pain/Swelling																																																																																															
Back or Neck Pain																																																																																															
Difficulty Walking																																																																																															
Female																																																																																															
Vaginal Discharge																																																																																															
Genital Infections																																																																																															
Breast Pain																																																																																															
Breast Lump																																																																																															
Others not listed																																																																																															

Is your pediatrician aware of the things you checked above? Yes No

FAMILY HISTORY: Please indicate if any blood relative of your child (Mom, Dad, Brother, Sister, Grandma, Grandpa, Aunt, Uncle or Cousins) ever has any of the following diseases.

Disease	Relation to patient	Disease	Relation to patient
Acid Reflux		Eating Disorder	
Peptic Ulcer Disease		Thyroid Problems	
Constipation		Colon Polyps	
Hirschsprung's Disease		Colon Cancer	
Celiac Disease		Cystic Fibrosis	
Crohn's Disease		Psychiatric Problems	
Ulcerative Colitis		Asthma	
Irritable Bowel Syndrome		Food Allergy	
Gallbladder Disease		Migraine	
Liver problems		Others not listed	
Bleeding Disorders / Hemophilia			

BIRTH HISTORY

Birth Hospital:		When did child pass meconium (first stool)?:	
Duration of pregnancy: _____ weeks		Stay in NICU?	†Yes †No
Full term? †Yes †No		Intubation	†Yes †No
Premature †Yes †No		Birth Weight _____ pounds _____ ounces	
Delivery †Normal †C-section		Complications during pregnancy	†Yes †No

PAST MEDICAL HISTORY: Please check all of the following your child has had **in the past.**

X	Disease	When	X	Disease	When	X	Disease	When
	Acid Reflux			Urine/Kidney reflux			Eating disorder	
	Constipation			Asthma			Heart murmur	
	Stomach Disease			Pneumonia			Heart Disease	
	Jaundice			Seizures/Epilepsy			Bone/Joint problems	
	Hepatitis			Migraines			Hirschsprung's	
	Other liver disease			ADHD/ADD/PDD			Others not listed	
				Emotional problems				

PAST SURGICAL HISTORY

Surgeries		Age at Surgery	
Has your child had any problems with anesthesia		†Yes †No	

HOSPITALIZATIONS

Number of days	Diagnosis	Age
1.		
2.		
3.		

Are immunizations up to date? No Yes

ALLERGIES List specific allergy and how your child reacts to it

Drug allergies:	
Food allergies:	
Environmental allergies:	

FOR ADOLESCENT FEMALE	Length of periods _____ days
Last menstrual period ____/____/____	Length of cycle _____ days
Age at onset _____ years	Flow †Heavy †Moderate †Light
Periods †Regular †Irregular	Pain with periods †Yes †No

Completed by: _____ †Mother †Father †Grand Parent †Legal Guardian

Reviewed and made changes as necessary by: _____ Date: _____