

CROSS TRAILS MEDICAL CENTER
PATIENT HISTORY
PEDIATRIC LIFECYCLE
(Ages Birth to 11 years)

CARDIOVASCULAR

Heart Problems Yes / No
 Irregular Heartbeat Yes / No
 Heart Murmur Yes / No
 Other _____

NEUROLOGICAL

Epilepsy Yes / No
 Seizure Yes / No
 Fainting Yes / No
 Other _____

MUSCULOSKELETAL

Joint Pain Yes / No
 Deformity Yes / No
 Sports Injury Yes / No
 Other _____

PSYCHOLOGICAL

Hyperactivity Yes / No
 Depression Yes / No
 Counseling Received Yes / No
 Phobias Yes / No
 Other _____

ENDOCRINE

Diabetes Yes / No
 Excessive Thirst Yes / No
 Excessive Urination Yes / No
 Thyroid Problems Yes / No
 Other _____

SKIN

Itching Yes / No
 Eczema Yes / No
 Moles Yes / No
 Excessive Sun Exposure Yes / No
 Other _____

GASTROINTESTINAL

Liver Disease Yes / No
 Hepatitis Yes / No
 Pancreas Problems Yes / No
 Difficulty Swallowing Yes / No
 Difficulty Sucking Yes / No
 Vomiting Yes / No
 Colic Yes / No
 Poor Appetite Yes / No
 Blood in Bowel Movement Yes / No
 Diarrhea Yes / No
 Constipation Yes / No
 Other _____

GENITOURINARY

Urinary Tract Infection Yes / No
 Kidney Problems Yes / No
 HIV / AIDS Yes / No
 Other _____

HEMATOLOGICAL

Sickle Cell Trait Yes / No
 Sickle Cell Anemia Yes / No
 Bleeding Disorder Yes / No
 Cancer Yes / No
 Anemia Yes / No
 Other _____

PREVENTION

Exercise Yes / No
 Avoid excessive sugars / sweets Yes / No
 Use child safety seats Yes / No
 Use seat belts Yes / No
 Wear helmet when riding
 a bicycle Yes / No
 Immunizations up to date Yes / No
 Any concern regarding abuse Yes / No
 Receive fluoride treatments Yes / No

Please list any other healthcare providers your child has seen:

Comments _____
