PEDIATRIC INITIAL HEALTH ASSESSMENT

Name of Child	ID Number	Date of Birth
Last Well Child/Adolescent Exam	Date Medical History Obtained	Medical History Source
Nationality		

BIRTH HISTORY

State, Country where child was born		Pregnancy/Delivery problems
Delivery type		Postpartum Complications
Was baby discharged with mother? ❑ Yes ❑ No		If no, why?
Birth weight lbs. oz.	Apgar	Length of baby's hospital stay
Results of hospital nursery hearing screening:		

IMMUNIZATION HISTORY

Immunization record obtained ❑ Yes ❑ No			Immunizations current ❑ Yes ❑ No		
Date of last PPD			Results		
DTP	#1	#2	#3	#4	Booster
IPV	#1	#2	#3	Booster	
HIB	#1	#2	#3	#4	
MMR	#1	#2			
HepB	#1	#2	#3		
Varicella *	#1	#2			
Pneumococcal	#1	#2	#3	#4	
Influenza					
HepA	#1	#2			
Meningococcal	#1				
Rotavirus	#1	#2	#3		
HPV	#1	#2	#3		

* Please document date or age child may have had chicken pox (below) if no vaccine given.

MEDICAL HISTORY

Allergies to Food, Environment, or Medications	
Hospitalizations	
Surgeries	
Injuries/Accidents	
Significant Illnesses	
Sexually Active	❑ Yes ❑ No If yes, method of contraception:
Sexually Transmitted Diseases	❑ Yes ❑ No If yes, describe:

Child has had

❑ Chicken pox date and/or age:_____ ❑ Mumps date:_____

❑ Measles date:_____ ❑ TB date:_____

❑ Any other problems_____

Present Medications

Prescription	OTC

LAB TESTS (if applicable)

❑ Blood lead test date:_____ ❑ Newborn Metabolic Screen date:_____

❑ Blood hgb/hct date:_____ ❑ Urinalysis date:_____

❑ Cholesterol date:_____ ❑ Pap test date:_____

FAMILY MEDICAL HISTORY

❑ Alcoholism
❑ Anemia
❑ Asthma
❑ Birth Defects
❑ Cancer
❑ Deafness
❑ Depression
❑ Diabetes
❑ Drug Abuse
❑ Eczema
❑ Hay Fever
❑ Heart Disease
❑ High Blood Pressure
❑ Kidney Disease
❑ Learning Disability
❑ Mental Retardation
❑ Obesity
❑ Seizures
❑ Sickle Cell Disease/Trait
❑ Stroke
❑ Thyroid Problems
❑ Tuberculosis
❑ Other

SOCIAL/CULTURAL HISTORY

School name	Grade Level
Language spoken at home	Number of family members living in same house

Primary caretaker of the child

Relation	Name	Occupation	Age
Mother			
Father			
Sibling			
Sibling			
Sibling			
Sibling			

ENVIRONMENTAL HISTORY

Alcohol use ❑ Yes ❑ No

Drug use ❑ Yes ❑ No

Exposure to tobacco smoke ❑ Yes ❑ No

Tobacco use ❑ Yes ❑ No

Provider Comments:

SIGNATURE OF PROVIDER WHO OBTAINED/REVIEWED HISTORY DATE

BlueCare Tennessee