

Patient Medical History

<input type="checkbox"/> Y <input type="checkbox"/> N no significant past medical history	<input type="checkbox"/> Y <input type="checkbox"/> N Constipation	<input type="checkbox"/> Y <input type="checkbox"/> N Influenza	<input type="checkbox"/> Y <input type="checkbox"/> N Skin Problems
<input type="checkbox"/> Y <input type="checkbox"/> N abuse / neglect	<input type="checkbox"/> Y <input type="checkbox"/> N Croup	<input type="checkbox"/> Y <input type="checkbox"/> N Jaundice	<input type="checkbox"/> Y <input type="checkbox"/> N Skin Abscess
<input type="checkbox"/> Y <input type="checkbox"/> N Allergic Rhinitis	<input type="checkbox"/> Y <input type="checkbox"/> N Intellectual disability	<input type="checkbox"/> Y <input type="checkbox"/> N Kidney Disease	<input type="checkbox"/> Y <input type="checkbox"/> N Sleep Apnea
<input type="checkbox"/> Y <input type="checkbox"/> N Anemia	<input type="checkbox"/> Y <input type="checkbox"/> N PDD/ASD	<input type="checkbox"/> Y <input type="checkbox"/> N Liver, Stomach or Bowel Disease	<input type="checkbox"/> Y <input type="checkbox"/> N Special Education
<input type="checkbox"/> Y <input type="checkbox"/> N Angiodema	<input type="checkbox"/> Y <input type="checkbox"/> N Specific disorder	<input type="checkbox"/> Y <input type="checkbox"/> N Lung Abscess	<input type="checkbox"/> Y <input type="checkbox"/> N Speech Difficulties
<input type="checkbox"/> Y <input type="checkbox"/> N Asthma	<input type="checkbox"/> Y <input type="checkbox"/> N ASD	<input type="checkbox"/> Y <input type="checkbox"/> N Measles	<input type="checkbox"/> Y <input type="checkbox"/> N Staph Infection
<input type="checkbox"/> Y <input type="checkbox"/> N Asthma Mild Intermittent	<input type="checkbox"/> Y <input type="checkbox"/> N Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N Previous Mental Illness	<input type="checkbox"/> Y <input type="checkbox"/> N Tonsillitis
<input type="checkbox"/> Y <input type="checkbox"/> N Asthma Mild Persistent	<input type="checkbox"/> Y <input type="checkbox"/> N MEDICATION / DRUG USE D...	<input type="checkbox"/> Y <input type="checkbox"/> N Migraine	<input type="checkbox"/> Y <input type="checkbox"/> N Tuberculosis
<input type="checkbox"/> Y <input type="checkbox"/> N Asthma Moderate Persistent	<input type="checkbox"/> Y <input type="checkbox"/> N Eczema	<input type="checkbox"/> Y <input type="checkbox"/> N Mononucleosis	<input type="checkbox"/> Y <input type="checkbox"/> N URI
<input type="checkbox"/> Y <input type="checkbox"/> N Asthma Sever Persistent	<input type="checkbox"/> Y <input type="checkbox"/> N Enuresis	<input type="checkbox"/> Y <input type="checkbox"/> N Mumps	<input type="checkbox"/> Y <input type="checkbox"/> N UTI
<input type="checkbox"/> Y <input type="checkbox"/> N ADHD/ADD	<input type="checkbox"/> Y <input type="checkbox"/> N Esophageal Reflux	<input type="checkbox"/> Y <input type="checkbox"/> N Neuro Illness	<input type="checkbox"/> Y <input type="checkbox"/> N Urticaria
<input type="checkbox"/> Y <input type="checkbox"/> N Blood disorder	<input type="checkbox"/> Y <input type="checkbox"/> N Eyesite Problems	<input type="checkbox"/> Y <input type="checkbox"/> N Osteomyelitis	<input type="checkbox"/> Y <input type="checkbox"/> N Vesicoureteral Reflux
<input type="checkbox"/> Y <input type="checkbox"/> N Bronchitis	<input type="checkbox"/> Y <input type="checkbox"/> N Febrile Convulsion	<input type="checkbox"/> Y <input type="checkbox"/> N Otitis Media	<input type="checkbox"/> Y <input type="checkbox"/> N other past medical history
<input type="checkbox"/> Y <input type="checkbox"/> N CGD	<input type="checkbox"/> Y <input type="checkbox"/> N Fractures	<input type="checkbox"/> Y <input type="checkbox"/> N Pneumonia	
<input type="checkbox"/> Y <input type="checkbox"/> N CHF	<input type="checkbox"/> Y <input type="checkbox"/> N GERD	<input type="checkbox"/> Y <input type="checkbox"/> N Preterm Infant	
<input type="checkbox"/> Y <input type="checkbox"/> N COPD	<input type="checkbox"/> Y <input type="checkbox"/> N Headache	<input type="checkbox"/> Y <input type="checkbox"/> N Pulmonary Embolism	
<input type="checkbox"/> Y <input type="checkbox"/> N Cancer	<input type="checkbox"/> Y <input type="checkbox"/> N Hearing Loss	<input type="checkbox"/> Y <input type="checkbox"/> N Thyroid Disorder	
<input type="checkbox"/> Y <input type="checkbox"/> N Cerebral Palsy	<input type="checkbox"/> Y <input type="checkbox"/> N Heart Disease	<input type="checkbox"/> Y <input type="checkbox"/> N Recurrent URI	
<input type="checkbox"/> Y <input type="checkbox"/> N Chicken Pox	<input type="checkbox"/> Y <input type="checkbox"/> N Hyperlipidemia	<input type="checkbox"/> Y <input type="checkbox"/> N Scarlet Fever	
<input type="checkbox"/> Y <input type="checkbox"/> N Concussion	<input type="checkbox"/> Y <input type="checkbox"/> N Hypertension	<input type="checkbox"/> Y <input type="checkbox"/> N Seizure	
<input type="checkbox"/> Y <input type="checkbox"/> N Congenital Heart Disease	<input type="checkbox"/> Y <input type="checkbox"/> N Immunologic Disorder	<input type="checkbox"/> Y <input type="checkbox"/> N Sinusitis-Multiple	

ER Visits and Hospitalizations

Y N previous emergency room visit

average number of ER visits per year

Y N frequent emergency room visits

Y N previous hospitalizations

Y N Endotracheal Tube Insertion

Y N History Unobtainable - HPI

Y N Admission To Hospital MICU

Spirometry Peak Expiratory Flow

Allergy History

Y N Allergy Sensitivity Testing

Y N Allergen Desensitization

Y N Insect Allergy

Y N Food Allergy

Y N Latex Allergy

Y N Drug Allergy

Immunizations

Y N Immunizations Reviewed And Current

Y N Immunization Record Unavailable

Surgical HX

Y history of prior surgery [For Hx of Tx, use H prefix]

Y Myringotomy

Y Tonsillectomy With Adenoidectomy

Y Adenoidectomy

Y Cholecystotomy

Y Knee Surgery

Y N past medical/surgical history [use for free text]

Living In-Housing

- Y N living in a private residence
- Y N living in an apartment
- Y N living in a nursing home
- Y N living in a foster home
- Y N living in a homeless shelter
- Y N living in a group home
- Y N poverty conditions

Living With

- Y N living independently with spouse
- Y N living independently
- Y N living with parents
- Y N living with brother(s)
- Y N living with sister(s)
- Y N living with step family
- Y N living with relatives (other than parents)
- Y N living with significant other
- Y N living with a roommate
- Y N living with legal guardian

Living Environment

- Y N secondhand tobacco smoke in home
- Y N housing heating source
- Y N housing cooling source central
- Y N housing has inadequate cooling
- Y N housing water source not city water
- Y N housing water source well
- Y N exposure to molds
- Y N wall-to-wall carpeting
- Y N Carpet Removal
- Y N Drapery Removal
- Y N Mattress / Pillow Covers
- Y N Electrostatic Dust Filter
- Y N HEPA Filters
- Y N Residential type

Recent contact with Animals

- Y N recent contact with pets or other animals
- Y N recent contact with ___ dog(s)
- Y N recent contact with ___ cat(s)
- Y N recent contact with ___ bird(s)
- Y N recent contact with ___ hamsters
- Y N recent contact with ___ guinea pigs
- Y N recent contact with ___ rabbits
- Y N recent contact with horses
- Y N recent contact with dairy cows
- Y N recent contact with cattle
- Y N recent contact with pets or other animals livi...
- Y N recent contact with insects

Education-Child

- Y N daily management of child
- Y N child is cared for at home
- Y N child enrolled in day-care
- Y currently in school
- Y currently in school public
- Y currently in school private
- Y currently in school at home
- Y educational level - in grade 1
- Y educational level - in grade 2
- Y educational level - in grade 3
- Y educational level - in grade 4
- Y educational level - in grade 5
- Y educational level - in grade 6
- Y educational level - in grade 7
- Y educational level - in grade 8
- Y educational level - in grade 9
- Y educational level - in grade 10
- Y educational level - in grade 11
- Y educational level - in grade 12

Education Cont.

- Y N poor school performance
- Y N currently in school excelling

Education and Work HX

- education level
- Y working full time
- Y working part-time
- Y currently on disability
- Y occupation: homemaker
- Y Employment status - ot...

Alcohol and Drug Use

- Y alcohol consumption
- Y social drinker
- Y never drank alcohol
- Y stopped drinking alcohol
- Y drug use

Smoking

- Y never a smoker
- Y former smoker
- Y smoking cigarettes: ___ pack-year history
- Y former smoker stopped smoking ___ years a...
- Y former cigar smoker
- Y former pipe smoker
- Y former smoker cigarettes
- Y wishing to stop smoking
- Y unsuccessful attempt(s) to stop smoking
- Y exposure to secondhand cigarette smoke

Family History

- Y N ASTHMA
- Y N ALLERGIC RHINITIS
- Y N ATOPIC DERMATITIS
- Y N recurrent bronchopulmonary infections
- Y N reported family history of heart disease
- Y N HYPERTENSION (SYSTEMIC)
- Y N reported previous cholesterol problems
- Y N FAMILY HISTORY OF DIABETES MELL...
- Y N reported family history of cancer
- Y N family history of bleeding problems
- Y N AUTOIMMUNE DISEASE
- Y N AUTOIMMUNE DISEASE
- Y N THYROID DISORDERS
- Y N MIGRAINE HEADACHE
- Y N family history of genetic disease
- Y N family history of chronic disabling diseases
- Y N recurrent upper respiratory infections (URI)
- Y N recurrent bacterial infections
- Y N allergy to certain foods

Mother's Health Status

- Y N family health status - mother's age
- Y N mother deceased at age ____
- Y N family history [use for free text]

Father's Health Status

- Y N family health status - father's age
- Y N father deceased at age ____
- Y N family history [use for free text]

- Y N family history [use for free text]