



PATIENT: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please explain why the patient is to be seen in our office: \_\_\_\_\_  
\_\_\_\_\_

How long has this been a concern? \_\_\_\_\_

MEDICATIONS: Regular or daily medications (plus herbals) \_\_\_\_\_  
\_\_\_\_\_

Occasional medications: \_\_\_\_\_

ALLERGIES: Medications \_\_\_\_\_

Other (tape, iodine, foods, hayfever, etc.) \_\_\_\_\_

BIRTH: ( ) Term ( ) Preterm, how many weeks? \_\_\_\_\_ Birth Weight \_\_\_\_\_

PREVIOUS SURGERY: (list age and type) \_\_\_\_\_

HOSPITALIZATION: (list age and reason) \_\_\_\_\_

FAMILY HISTORY: Any family members with:

- ( ) Complications with surgery or anesthesia
- ( ) Kidney Problems ( ) Bladder Infections ( ) Diabetes
- ( ) Kidney Stones/Tumors ( ) Kidney Surgery
- ( ) Blood in urine
- ( ) Other \_\_\_\_\_

Any Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Do They have Medical Problems \_\_\_\_\_

Please **Circle** any of the following that may apply to the patient:

**BLADDER**....difficulty starting a stream, weak stream, interrupted stream, poor aim  
daytime accidents, bedwetting, bladder infections (with fever) ( ) yes ( ) no

How many times per day does the patient empty the bladder? \_\_\_\_\_

**GROWTH**...Delay in growth, below the 5<sup>th</sup> percentile; delayed development

**HEART**....murmurs, blood pressure, other defects \_\_\_\_\_

**LUNGS**....asthma, RSV, wheezing, shortness of breath with exercise

**EATING**....poor appetite, difficulty swallowing, episodes of vomiting, spitting up,  
constipation

**SKIN**.....rashes, eczema

**BLOOD**....prolonged bleeding, nose bleeds, excessive bruising

**HEARING**..decreased hearing, recurrent ear infections

**NERVOUS SYSTEM**...seizures, ADD/ADHD, decreased tone, spasticity, spina bifida,  
Down Syndrome