

Tuscaloosa Ear, Nose & Throat Center, P.C.

PEDIATRIC PAST MEDICAL HISTORY

Many ear, nose and throat problems or treatments are affected by other health problems or medications. Please help us by answering the following.

Name _____ Age _____ Date _____

Pediatrician _____

Is your child ALLERGIC to?
(please check)

Penicillin Other : _____
 Sulfa
 Ceclor
 Codeine
 Tetanus

Please list any MEDICATIONS that your child is now taking (include non-prescription medications)

Has your child ever had?

| | | |
|--|--|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Problems | Number per year ____ |
| <input type="checkbox"/> Pneumonia requiring hospitalization | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Related Hearing Loss |
| <input type="checkbox"/> Other Lung Problems | <input type="checkbox"/> Free Bleeding | <input type="checkbox"/> Related Fever |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Related Ear Pain |
| <input type="checkbox"/> Meningitis (Nervous System Infection) | <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Eye Disorders | <input type="checkbox"/> Skin Disorders | Antibiotics used: _____ |
| Other : _____ | | |

Please list any OPERATIONS that your child has had:

Sore Throat
 Strep Infection Tonsillitis
Number per year ____
Antibiotics used: _____

Has any blood relative ever had?

Allergies
 Bleeding Problems
 Tuberculosis
 Anesthesia Problems
 Hearing Loss

Attends Day Care
 Parent (s) Smoke

Your child's order of birth
(circle)
1 2 3 4 5

Other: _____

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