

Thida Maw, M.D.
Patient Medical History

Patient Name: _____ Date of Birth: _____
Parent/Guardian: _____ Today's date: _____

Mother's history during pregnancy of this child:

Medical problems _____ Medications taken _____
Infection/Vaginal infection during pregnancy _____
Tobacco use _____ Alcohol consumption _____ Drug use _____

Birth History of this child:

Weeks of pregnancy _____ Delivery: Vaginal/ C-Section, Reason _____
Birth weight: _____ pounds _____ ounces
Problems at birth? _____ Breathing problem _____ Need of oxygen _____
On a breathing machine _____ Jaundice _____ Phototherapy _____ Infection _____
Need of IV antibiotics _____ Admission to Neonatal ICU _____ Reason _____

Past medical problems:

Problems with hearing _____ Speech _____ Learning _____ Behavior _____
Asthma _____ Seasonal allergies _____ Seizure disorder _____
Other medical problems: _____
Medications taken regularly: _____

List any medicine, food, animal this child is allergic to:

Medication _____ Food _____
Animals _____ Reaction: Hives _____ Facial swelling _____ Difficulty breathing _____

Hospitalization:

Hospital name _____ Reason _____ Year _____
Hospital name _____ Reason _____ Year _____
Surgery/operation _____ Reason _____ Year _____

Family medical history:

List all relatives of your **child** who have the following conditions. Abbreviations that may be used;
(**F**) father, (**M**) mother, (**B**) brother, (**S**) sister, (**MF**) maternal grandfather, (**MM**) maternal grandmother,
(**FF**) paternal grandfather, (**FM**) paternal grandmother, (**PA**) paternal aunt, (**PU**) paternal uncle, (**MA**)
maternal aunt, (**MU**) maternal uncle
Asthma _____ Diabetes _____ Cystic Fibrosis _____
Heart disease _____ Death before 40 years of age _____
High blood pressure _____ High cholesterol _____
Blood/bleeding disorder _____ Cancer _____
Seizure disorder _____ HIV _____ other medical problems _____

Environment/Safety

Smokers in the household? _____ Who? _____ (Even if smoking outside or not around the child)
Pets: Dogs _____ Cats _____ other pets _____
Does your child use a car seat _____ Booster seat _____ Seat belt _____ while riding in the car?
Working smoke alarm on each floor of the house: Yes _____ No _____