Northeast Cincinnati Pediatric Associates, Inc.

HISTORY, PROBLEM & MEDICATION SUMMARY

Name	Date of Birth	Allergies

Mother's Name _____ Address _____ Phone # _____

Father's Name _____ Address _____ Phone # _____

FAMILY HISTORY

	Age	Health		
Mother			Allergies	Cancer
Father			Heart Disease / Stroke	
Sibling			High Blood Pressure	
Sibling			High Cholesterol	
Sibling			Diabetes	

BIRTH HISTORY

Pregnancy Complications		Term	Preterm
Vaginal Delivery	C Section	Birth Weight	
Blood Type: Mother	Infant	Breast	Formula
Birth Complications			

ILLNESSES

Pertussis	Measles	Mumps
Chicken Pox	Rubella	Seizure

MEDICAL PROBLEMS

	DATE	MEDICAL PROBLEM	DATE RESOLVED	CONSULTATIONS/PROCEDURES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CONTINUING MEDICATIONS

MEDICATIONS/DIRECTIONS	DATE/QUANTITY									