

## GI Patient Medical History Date: \_\_\_\_\_

Patient Name:					Birth:
Date of Birth:					Premature (weeks) or Full Term Vaginal or Cesarean
Medical Reason for Visit:					Weight:
Preferred Pharmacy: Complications:					
Pediatrician or Primary Care Provider:					Medications: List current medicines, vitamins, herbal
Prior GI Provider:					or naturopathic include dose & frequency
	istory	box i	f posit	tive history of sibling, parent or iption of any positive health issue.	
	NO	YES	Famil	ly History	
Anemia					Allergies:
Anesthetic problems					To Medicines?
Autoimmune Disease					
Asthma					Other allergies? (Food, environmental)
Celiac Disease					
Crohn's Disease					
Diabetes, Type 1					Surgery/Anesthesia:
Eczema					List any operations or anesthetics:
Epilepsy					
Fevers: recurrent &					
unexplained					
Genetic Disease					
Heart Disease					Hospitalizations:
Heart Rhythm problem					List year, problem child was treated for and which hospital treated
Hepatitis					·
Kidney problems					
Migraines					
Psychiatric problems					
Rheumatoid Arthritis					
School problems					Social History:
Ulcerative Colitis					Grade:
Unusual Weight loss					Ages of Siblings:
Thyroid disease					With whom patient lives:
Immunization Up-to-					
date?					Parent #1 occupation:
WIC Participant?			Office	e Location:	Parent #2 occupation: