

Barbara Kijek, M.D.

PATIENT'S PERSONAL HISTORY

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Confidential Records: Information contained here will NOT

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be released except when YOU have authorized us to do so.

LAST NAME : FIRST NAME: MI: SEX : DOB:

Age: RACE :

OBSTETRICIAN/HOSPITAL: SCHOOL:

HEALTHCARE PROVIDERS: REFERRED BY:

PARENTS ARE :

MOTHER'S AGE: FATHER'S AGE:

TYPE OF DELIVERY: : TERM  PREMATURE

PROBLEMS AFTER DELIVERY: APGAR: / BIRTH WT: Lb. Oz. LENGHT :

DISCHARGE WT: Lb. Oz. DISCHARGE CONDITION: CIRCUMCISION: YES  NO

BEARTH DEFECTS or OTHER PROBLEMS:

	FATHER	MOTHER	SIBLING	SIBLING	SIBVLING	SIBLING
AGE						
NAME						
HEALTH						
DIABETES						
CANCER						
CONVULSIONS						
ALLERGIES						
ASTHMA						
HEART DISEASE						
HYPERTENSION						
LIPID CHOL/TRIG						
KIDNEY						
SMOKING						
DRUG USE						
S.I.D.S						
MENTAL RETARDATION						
TB						

MOTHERS BLOOD TYPE: A  B  AB  O  Rh: POSITIVE  NEGATIVE

MILESTONES	HELD HEAD UP	SAT ALONE	CREPT	WALKED	WORDS	SENTENCES	TEETH	TOILET TRAINED	SCHOOL GRADE	BICYCLE
AGE										

ANY OTHER PROBLEMS:

FEEDING/NUTR: BREASTS  FORMULA:  BRAND:

FLORIDE:  VITAMINS:  BRAND:

ALLERGIES MEDICATIONS:

OTHER ALLERGIES:

HABITS/ SLEEP/NAPS:

BEDWETTING:

PLAY:

SCHOOL:

GENERAL HEALTH:

CHICKEN POX:  PERTUSSIS:  RUBELLA:  MEASLES:  MUMPS:  SCALET FEVER:

WHOOPING COUGH:  RHEUMATIC FEVER:  FREQUENT COLDS:  PHARYNGITIS:  TONSILITIS:

EAR INFECTIONS:  SEISURES:  ECZEMA:  ANEMIA:  BLEEDING TENDANCY:  HEARING PROBLEMS:

VISION PROBLEMS:  HEPATITIS:  SICLE CELL:  INJURIES:

CURRENT MEDICATIONS:

HOSPITALIZATIONS:

	HEARING	VISION	Hbg/hcT	COL/TRIG	URINALYSIS	LEAD
DATE						
RESULTS						

GETTING ALONG WITH OTHER CHILDREN: YES  NO  PROBLEMS IN SCHOOL: YES  NO

LEARNING DIFFICULTIES: YES  NO  IF YES EXPLAIN

NAIL BITING: YES  NO  BAD HABITS:

BEHAVIORAL PROBLEMS: YES  NO  IF YES EXPLAIN

ARE IMMUNIZATIONS ARE UP TO DATE: YES  NO

	DATE		DATE		DATE		DATE		DATE
DTaP1		IPV1		Hib1		HEPATITIS B 1		PNEUMOCOCCAL 1	
DTaP2		IPV2		Hib2		HEPATITIS B 2		PNEUMOCOCCAL 2	
DTaP3		IPV3		Hib3		HEPATITIS B 3		PNEUMOCOCCAL 3	
DTaP4		IPV4		Hib4				PNEUMOCOCCAL 4	
DTaP5									
	DATE		DATE						
VARICELLA 1		MMR1							
VARICELLA 2		MMR2							

RELATIONSHIP OF THE PERSON TO THE PATIENT

DATE:

SIGNATURE OF PERSON FILLING OUT THE FORM