Keokuk County PEDIATRICS
Caring for Every Age and Every Stage
A Division of Keokuk County Medical Clinic

Patient's Name_____Date of Birth_____
Allergies(Medications/Food/Environmental)_____
_____
Medications Currently Taking_____
_____

Patient's Past Medical History: (Please explain any yes answers)
Birth History: Vaginal_____ Full Term_____
C-Section_____ Pre-Term_____
Patient's Birth Weight_____ Birth Length_____
Complications during or after pregnancy: None_____ Yes_____
Problems with baby at birth: Breathing – None_____ Yes_____
Jaundice - None_____ Yes_____
Smoking during pregnancy: No_____ Yes_____
Alcohol during pregnancy: No_____ Yes_____
Illicit drug use during pregnancy: No_____ Yes_____
Hospitalizations? No_____ Yes_____
Surgeries? No_____ Yes_____
Chronic Illnesses? No_____ Yes_____
Recurrent ear infections:No_____ Yes_____

Patient's Social History:
Number of people living in home_____ Do you? Own_____ Rent_____Age of Home_____
Is there a basement in the home? No_____ Yes_____ Do you have pets? No_____ Yes_____
Do you or anyone living in home smoke? No_____ Yes_____
Do you or anyone living in home drink alcohol? No_____ Yes_____
Do you or anyone living in home use illicit drugs? No_____ Yes_____

Patient's Family History: (Please explain any yes answers)
Asthma: No_____ Yes_____
Allergic Rhinitis: No_____ Yes_____
Eczema: No_____ Yes_____
Anemia/Blood Disorder: No_____ Yes_____
High Blood Pressure: No_____ Yes_____
High Cholesterol: No_____ Yes_____
Heart Disease: No_____ Yes_____
Diabetes: No_____ Yes_____
Migraines: No_____ Yes_____
Seizures: No_____ Yes_____
Arthritis: No_____ Yes_____
Cancer: No_____ Yes_____
Sudden Unexplained Death: No_____ Yes_____

Completed by_____ Relationship to Patient_____
Signature_____ Date_____

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