Icahn School of Medicine at Mount Sinai

The Sol and Margaret Berger Department of Urology
Pediatric Urology

# PATIENT HISTORY FORM

Patient Name: _____ Date of Birth: _____
(Last) (First)

Medical Complaint (Main reason for today's appointment- Please give important details):

_____

_____

Preferred Pharmacy: _____

## BIRTH HISTORY (IF CHILD IS UNDER TWO YEARS OLD)

Problems during pregnancy: _____

Ultrasound performed during pregnancy? ☐ Yes ☐ No Findings: _____

Was baby born premature (early) or term (on time)? ☐ Term (40 weeks) ☐ Early _____ weeks

## MEDICAL HISTORY (FOR ALL AGES)

☐ No ☐ Yes Has your child had any urinary tract infections? ☐ 1 ☐ 2 ☐ 3 ☐ Many

☐ No ☐ Yes Allergies to any medications, adhesives, or latex? If so, what is the child allergic to?

_____

☐ No ☐ Yes Does the child take any medications? If so, list medication names and dosages.

_____

_____

☐ No ☐ Yes Has the child been hospitalized? If so, where and for what reason?

_____

☐ No ☐ Yes Has the child had any surgeries or circumcision? If so, when and what was done?

_____

_____

☐ No ☐ Yes Has the child had blood transfusions? If so, when and where?

_____

☐ No ☐ Yes Has the child had any bleeding or bruising problems?

☐ No ☐ Yes Are immunizations up to date? Last flu vaccine received: _____ ☐ Not received

☐ No ☐ Yes Is smoking permitted in the home or the car with the child?

Who does the child live with? Mother Father Siblings Other: _____

Parent's first names: _____ Martial Status: _____

Please list any other medical problems that your child has: _____

_____

## FAMILY HISTORY (PARENTS, GRANDPARENTS, SIBLINGS)

Serious illnesses or medical conditions in the immediate family:

☐ No ☐ Yes Diabetes Who: _____

☐ No ☐ Yes Cancer Type: _____ Who: _____

☐ No ☐ Yes Heart Disease Who: _____

☐ No ☐ Yes Respirtory/Lung Disease or Asthma Who: _____

☐ No ☐ Yes Blood Disorders Who: _____

☐ No ☐ Yes Neurological Disorders, Seizures, Stroke Who: _____

☐ No ☐ Yes Kidney or Urological Problems? If yes, describe problem and familial relationship.

_____

_____