Woods Mill Pediatrics
Washington University Clinical Associates

Personal Health History

Washington University in St. Louis Physicians

Patient Name: _____ **Date of Birth:** _____

Serious Injury or Accidents (broken bones, concussion, severe burns, etc.)		
Age or Date:	Specify:	
Age or Date:	Specify:	
Age or Date:	Specify:	
Surgery		
Age or Date:	Specify:	
Age or Date:	Specify:	
Hospitalization		
Age or Date:	Specify:	
Age or Date:	Specify:	
Age or Date:	Specify:	
Chicken Pox: ☐ Yes ☐ No	**Frequent Ear/Sinus Infections:** ☐ Yes ☐ No	**Frequent Pharyngitis/Tonsilitis:** ☐ Yes ☐ No
Other Infectious Illnesses		
Age or Date:	Specify:	
Age or Date:	Specify:	
Allergies (indoor, outdoor, food)		
Specify:	Reaction:	
Specify:	Reaction:	
Specify:	Reaction:	
Asthma/Bronchiolitis/Pneumonia/Croup		
Age or Date:	Specify:	
Age or Date:	Specify:	
Heart Problems: ☐ Yes ☐ No	Specify:	
Abdominal Pain/Reflux: ☐ Yes ☐ No	**Constipation:** ☐ Yes ☐ No	**Bedwetting After Age Five:** ☐ Yes ☐ No
Bladder or Kidney Problems	Age or Date:	Specify:
Eyeglasses: ☐ Yes ☐ No	**Contacts:** ☐ Yes ☐ No	**Eye Condition:**
Hearing Problems: ☐ Yes ☐ No	Specify:	
Skin Problems: ☐ Yes ☐ No	Specify:	
Anemia/Bleeding Problems/Blood Transfusion: ☐ Yes ☐ No	Specify:	
Frequent Headaches: ☐ Yes ☐ No	**ADHD:** ☐ Yes ☐ No	If yes, medication:
Developmental Delay: ☐ Yes ☐ No	**Seizures:** ☐ Yes ☐ No	If yes, medication:
Anxiety: ☐ Yes ☐ No	**Depression:** ☐ Yes ☐ No	**OCD:** ☐ Yes ☐ No	**PTSD:** ☐ Yes ☐ No	**Behavior Issues:** ☐ Yes ☐ No
Orthopedic Problems: ☐ Yes ☐ No	Specify:	
Diabetes: ☐ Yes ☐ No	**Thyroid Problems:** ☐ Yes ☐ No	**Growth Hormone:** ☐ Yes ☐ No
Other Endocrine Problems: ☐ Yes ☐ No	Specify:	
If female, have periods started: ☐ Yes ☐ No	If yes, are they normal? ☐ Yes ☐ No	
Drug/Alcohol Abuse: ☐ Yes ☐ No	**Other:**	