

Paradise Pediatrics, PL
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Patient Medical History

Name: _____

Date: _____

Allergies: None Latex N Y
 Drugs _____ Reaction _____
 Foods _____ Reaction _____

Immunizations: Up to Date Behind/Due Refusal to vaccinate

Medications: None _____

Birth History: Full Term/ Premature _____ weeks Birth weight _____ Length _____
 Vaginal/C-Section (reason) _____ Jaundice N Y / light therapy
 Complications: _____

Hospitalizations: None _____

Fractures: N Y / Location _____

Surgeries: Ear tubes Tonsillectomy Adenoidectomy Appendectomy Circ
 Other _____

Social History: Lives with: both parents mom dad guardian GM GF other _____

Tobacco exposure: none mom dad patient second hand other _____

Pets: cat dog fish bird reptile
 other _____

Past Medical History:
 Asthma Allergies ADHD Bronchiolitis Ear Infections
 Strep Infections
 Chronic Medical Problem/s: _____

Past Medical History Update/Review: Date _____

 No change in medical history N Y /explain _____