CASA GRANDE PEDIATRICS
1760 EAST FLORENCE BLVD., SUITE 220, CASA GRANDE, AZ 85222
PHONE: 520-836-2424 * FAX: 520-836-4040

EPSDT HEALTH HISTORY

Name

Sex ☐ Male ☐ Female Race Social Security Number Date of Birth

Please list all the people in household:

Father: _____ DOB:_____ Occupation: _____ Education: _____

Mother: _____ DOB:_____ Occupation: _____ Education: _____

Other: _____ DOB:_____ Occupation: _____ Education: _____

Other: _____ DOB:_____ Occupation: _____ Education: _____

Other: _____ DOB:_____ Occupation: _____ Education: _____

Other: _____ DOB:_____ Occupation: _____ Education: _____

Have there been any changes or stresses in the child's life? ☐ Yes ☐ No

If yes, explain: _____

Does the child go to a baby sitter, preschool or daycare regularly? ☐ Yes ☐ No

BIRTH HISTORY

Birth weight: _____ Length: _____ Place: _____

During the pregnancy did the mother: (if Yes, please explain) Explanation

Have any medical problems: ☐ Yes ☐ No _____

Smoke or drink? ☐ Yes ☐ No _____

Use any medications? ☐ Yes ☐ No _____

Use alcohol or other drugs? ☐ Yes ☐ No _____

Have problems with labor/delivery? ☐ Yes ☐ No _____

How long did the baby stay in the hospital after birth? _____

PAST MEDICAL HISTORY

Is the child's general health: ☐ Good ☐ Fair ☐ Poor

Explanation

Does the child have any allergies? ☐ Yes ☐ No _____

Is the child taking any medications? ☐ Yes ☐ No _____

Please list any hospitalizations, operations, serious illnesses or accidents with dates:

_____ Date_____

_____ Date_____