

**PAST MEDICAL HISTORY**  
**ANTECEDENTES MEDICOS**

*Please fill out the following page concerning your child's medical history.  
Por favor llene la siguiente pagina sobre la historia medica de su nino.*

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
**Nombre** \_\_\_\_\_ **Fecha de nacimiento** \_\_\_\_\_ **Apodo** \_\_\_\_\_

***ALLERGIES TO FOOD OR MEDICATIONS***  
***TIENE ALERGIAS A LOS ALIMENTOS O MEDICAMENTOS***

What was your child's birth weight? \_\_\_\_\_  
**Cuanto peso su nino al nacer?**

Was your baby born within 2 weeks of his/her due date : SI NO  
**Nacio su bebe en su fecha de vencimiento?**  
If not, how early was your baby? \_\_\_\_\_  
**Si no, Que tan temprano nacio su bebe?**

What hospital was your baby/child delivered? \_\_\_\_\_  
**En cual hospital nacio su bebe?**

Was your child born vaginally or c-section? \_\_\_\_\_  
**Nacio vaginal o cesaria?**

Did your child receive a Hepatitis B shot in the hospital at Birth? SI NO  
**Su hijo recibio la inyeccion de Hepatitis B en el hospital despues que nacio?**

Did you have any medical problems during your pregnancy? SI NO  
**Usted tuvo problemas medicos durante su embarazo?**  
If yes, please explain: \_\_\_\_\_  
**Si es si, por favor explique?**

Were any of your prenatal labs abnormal? (Hepatitis B, HIV, Syphilis, Chlamydia, Gonorrhea?) If yes, please explain:  
**Alguno de sus laboratorios prenatales era anormal? (Hepatitis B, VIH, Sifilis, Clamidia, Gonorrea?)**

Were you told your GBS, Group B Strep, or Beta Strep was positive? SI NO  
**Le dijeron que su GBS, Grupo B de Estreptococo, o Version Beta de Estreptococo era positiva?**

Did your child have any problems in the nursery after he/she was born? SI NO  
**Su bebe tuvo otros problemas en la guarderia despues de su nacimiento?**  
If yes, please explain: **Explique:** \_\_\_\_\_

Does anything run in the mom or dad's side of the family?  
**Hay algun problema medico en la familia de la mama o del papa?**  
(asthma, seizures, blood, liver, or kidney problems, childhood diseases?) SI NO  
**Por ejemplo (asma, convulsiones, sangre, higado, rinon, o enfermedades de la infancia?)**  
If yes, please explain: **Explique** \_\_\_\_\_

Does mom or dad have high cholesterol? SI NO  
**Mama o papa tiene colesterol alto?**

Has mom, dad, or grandparents had a heart attack or heart surgery before the age of 55 years old? SI NO  
**La mama, el papa, o los abuelos han tenido un ataque al corazon o una cirugia de corazon antes de la edad de 55 anos?**

Does child have siblings? SI NO  
**Su nino tiene hermanos?**  
If yes, please list names and ages: **Si tiene hermanos, nombres y edades por favor:**  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone smoke INSIDE or OUTSIDE of the house?  
**Alguien fuma adentro o afuera de la casa?**

SI

NO

What day care or school does your child attend? \_\_\_\_\_  
**Cual escuela o guarderia asiste su hijo?**

Who lives in the house with the baby/child? \_\_\_\_\_  
**Quien vive en la casa con el nino?**

Do you have city or well water? \_\_\_\_\_  
**Tienes agua de ciudad e agua de pozo?** WELL CITY  
DE POZO CIUDAD

Do you have pets in the house? SI NO What type? \_\_\_\_\_  
**Tienen mascotas en la casa ? Que tipo?**

What is the occupation of the father of the child? \_\_\_\_\_  
**Cual es la ocupacion del padre?**

What is the occupation of the mother of the child? \_\_\_\_\_  
**Cual es la ocupacion de la madre?**

Does your child have any medical problems ongoing *other than* what you are here for today? (including seeing a specialist)  
**Su hijo tiene algun otro problema medico aparte de la razon por que estan aqui hoy? (Incluyen especialista)**

Medical Problem/Specialist <b>Problema Medico/Especialista</b>	Treatment <b>Tratamiento</b>

Has your child ever been hospitalized or had surgeries? (include ear tubes)

**Su nino ha sido hospitalizado o ha tenido cirugias? (incluyen tubos de oido)**

Date <b>Fecha</b>	Reason for Hospitalization/Surgery <b>Motivo de hospitalizacion/Cirugia</b>	Length of Stay (if hospitalized) <b>Duracion de la estancia</b>

\_\_\_\_\_  
**Parent/Guardian Signature**  
**Firma**

\_\_\_\_\_  
**Date**  
**Fecha**