

PEDIATRIC NEUROLOGY HISTORY

DATE: _____

CHILD'S FULL NAME: _____

This information, in your own words, will help the physician to understand and treat your child. It will be kept **CONFIDENTIAL**. A report of this and any future visits will only be sent to a doctor and/or school in which you designate.

NAME OF REFERRING DOCTOR: _____

ADDRESS/PHONE: _____

NAME OF SCHOOL: _____

ADDRESS/PHONE: _____

I hereby give permission to send a copy of this report to the above named doctor and/or school

(Circle either or both). _____

(Signature of Parent or Legal Guardian)

CHILD'S NAME:

(As used at home) _____ AGE: ____ years ____ months

REASON FOR COMING (symptoms or complaints): _____

AT WHAT AGE DID THIS BEGIN? _____

HOW HAS THIS DEVELOPED? OVER WHAT PERIOD OF TIME? (slowly, quickly, always appears the same, etc.): _____

WHAT TESTS HAVE BEEN DONE AND WHERE? _____

WHAT TREATMENTS AND/OR MEDICATIONS HAVE BEEN USED? _____

PHYSICIAN SIGNATURE: _____

NAME: _____

DOB: _____

PEDIATRIC NEUROLOGY HISTORY (cont'd)

FAMILY HISTORY: Present Age Of MOTHER _____

FATHER _____

SISTERS _____

BROTHERS _____

PARENTS: _____ MARRIED _____ SEPARATED _____ DIVORCED

WHO LIVES AT HOME WITH THIS CHILD? _____

HAVE THERE BEEN SIMILAR SYMPTOMS IN OTHER MEMBERS OF THE FAMILY?

MOTHER'S SIDE: _____

FATHER'S SIDE: _____

CHILD'S EARLY HISTORY:

PREGNANCY (complications): _____

DURATION (full term, premature, etc.): _____

LABOR AND DELIVERY (complications): _____

BIRTH WEIGHT: _____ pounds _____ ounces

GROWTH AND DEVELOPMENT:

Rolled over _____ months

Handedness: Right Left Both

Sat _____ months

Age preference appeared: _____

Walked _____ months

Rode a Tricycle _____ years

First Words _____ months

Rode a Bicycle _____ years

Speech Development _____ months

PHYSICIAN SIGNATURE: _____

NAME: _____

DOB: _____

PEDIATRIC NEUROLOGY HISTORY (cont'd)

GROWTH AND DEVELOPMENT (cont'd):

ILLNESSES: _____

HOSPITALIZATIONS: _____

CURRENT MEDICATIONS: _____

MEDICATION ALLERGIES: _____

CHILD'S SOCIAL HISTORY (note any special strengths and/or weaknesses):

Daycare/Preschool _____

Kindergarten _____

Grades 1,2,3 _____

Grades 4,5,6 _____

Grades 7,8,9 _____

Grades 10,11,12 _____

PHYSICIAN SIGNATURE: _____