Rady Children's Specialists of San Diego

A Medical Foundation

Pediatric Orthopedic and Scoliosis Center

Medical Information

1. Patient Name:____
2. Referring Physician: ____
3. Reason for today's visit? ____
4. When did the problem start? How often is it present? ___________________________
5. The problem is now: Better Worse The same
6. What activities cause the problem? ____
7. Any previous treatment? No Yes What? ____
8. Family history of this or similar problem? No Yes In whom?
9. Is there any pain? Location: What makes it feel better?
10. Pain score: Please score your pain on a scale from 0-10 (0 – no pain to 10 – severe pain):
11. Allergies to medication? No Yes If yes, what?
12. Current medications? No Yes If yes, please list all medication including dosage:

    Preferred pharmacy:

13. Patient's birth history: Birth place (hospital) (city)

    Birth weight: lbs. oz.

    Premature? No Yes

    Problems with pregnancy? No Yes

    Breech position? No Yes

    Cesarean section? No Yes Why?

    For mother # of pregnancies:___________ # of children:__________ # of this child:__________

14. Developmental history:

    Child sat up at _______ months

    Child walked at _______ months

    Child spoke at _______ months

15. Prior operations? No Yes If yes, please list the procedures and dates:

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16. Past medical history: Please explain all answers

Major illness? No Yes
Prior hospitalizations? No Yes
Immunizations current? No Yes

17. **Has the patient or a relative had treatment for, or problems with, the following?**
(if yes, please describe in comment section)

	PATIENT	RELATIVE (pls. state relationship)	COMMENTS
Eyes, ears, nose, mouth, throat			
Lungs (asthma, breathing problems)			
Heart, blood vessels, high blood pressure			
Stomach, intestines, liver, pancreas, glands			
Bladder, kidneys, urinary system			
Bones, joints, tendons, ligaments, muscles			
Skin (eczema, psoriasis, infections)			
Endocrine (diabetes, growth hormone, thyroid)			
Blood disorders, Lymphatic disorders, Cancer			
Neurologic (spasticity, nerve problems, CP)			
Psychiatric disorder, attention deficit problems			
Immune system problems, infections			

18. Social history:

Legal guardian of child: Mom Dad Other:
Grade in school:
Recreation/Sports:

Signature of person completing this form: ____

Relationship to patient: ____