Colony Pediatric - Patient History

4427 Highway 6, Suite J Sugar Land, TX 77478 Tel: 281-565-8188

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Name:_____ Race: _____Sex: ☐ M ☐ F
BirthDate _____ Date First Seen _____ Allergy:_____
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Birth to 2 Years: (Circle appropriately)

Full Term: ☐Y ☐N _____wks., Vag/C-Section WT lb oz HT in.

Feeding Hx: Breast ___ Formula: [___ Milk, _____ Soy] Mix _____

Development:

Roll over ____mo	Sat up ____mo	Crawling ____mo
Stand up ____mo	Walking ____mo	Single word ____mo

Immunization Up-to-date: ☐ Y ☐ N

2 to 18 Years: (Circle appropriately)

Allergy	☐ Y	☐ N	Otitis Media	☐ Y	☐ N
Asthma	☐ Y	☐ N	Pneumonia	☐ Y	☐ N
Bronchitis	☐ Y	☐ N	Seizure	☐ Y	☐ N

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Hospitalization: ☐ N ☐ Y _____yr Diagnosis _____

Surgery: ☐ N ☐ Y _____yr Diagnosis _____

Family Hx: (Circle appropriately)

Allergy	☐ Y	☐ N	Otitis Media	☐ Y	☐ N
Asthma	☐ Y	☐ N	Pneumonia	☐ Y	☐ N
Bronchitis	☐ Y	☐ N	Seizure	☐ Y	☐ N
Diabetes	☐ Y	☐ N	Tuberculosis	☐ Y	☐ N
Heart Disease	☐ Y	☐ N	Hypertension	☐ Y	☐ N

_____ ☐Father ☐ Mother ☐other _____
Signature Relation to patient Date