QUAIL RIDGE FAMILY PRACTICE
Mark C Hudson, DO, FAAFP
1 Doctors Park – Cairo, GA 39828
Phone 229-378-8110 / Fax 229-378-8109

PEDIATRIC HEALTH HISTORY UPDATE - ESTABLISHED PATIENTS

Date: _____
Patient Name: _____
Date of Birth: _____

CURRENT MEDICATIONS

MEDICATION	DOSE	# OF TIMES PER DAY

OVER THE COUNTER MEDICATIONS

MEDICATION	DOSE	# OF TIMES PER DAY

MEDICATION ALLERGIES/SENSITIVITIES

MEDICATION	REACTION

**Please update information in the following sections if there have been any changes in the past year or since the child's last visit.

DATE	MEDICAL CONDITIONS
DATE	RECENT SURGERIES
DATE	RECENT HOSPITALIZATIONS

Patient Name: _____
Date of Birth: _____

FAMILY HISTORY

FAMILY MEMBER	ALIVE / DECEASED	AGE	HEALTH PROBLEM(S)
Father			
Mother			
Brothers			
Sisters			
Children			
Other			

DATE	IMMUNIZATIONS RECEIVED ELSEWHERE	PRIMARY PHYSICIAN – Mark Hudson, D.O.
		OTHER PHYSICIANS THAT THE CHILD HAS SEEN –

**** Since the last visit, has the child had any of the following:**

ANESTHESIA REACTIONS: YES NO
BLEEDING PROBLEMS: YES NO

SOCIAL HISTORY –

Is the child in school or a day care center? Yes No Where? _____
Is the child doing well in school? Yes No
Does the child get along well with other children? Yes No
Has the child ever experienced any traumatic event, such as loss of a loved one, divorce, serious accident, etc? Yes No
If yes, please explain - _____
_____

Does the child have any of the following problems?

- ☐ Nightmares / sleep problems
- ☐ Irritable / bad temper
- ☐ Discipline problems
- ☐ Speech problems
- ☐ Thumbsucking
- ☐ Bedwetting
- ☐ Toilet training problems
- ☐ Breath holding

Is there anything you need to discuss with Dr. Hudson today? _____

_____ _____
Signature of Parent or Legal Guardian Date