



Rady Children's Specialists of San Diego

A Medical Foundation

Pediatric Orthopedic and Scoliosis Center

Medical Information

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

12. Patient's birth history: Birth place (hospital) _____ (city) _____
Birth weight: _____ lbs _____ oz
Premature? ~~Yes~~ No Yes
Problems with pregnancy? ~~Yes~~ No Yes
Breech position? ~~Yes~~ No Yes
Cesarean section? ~~Yes~~ No Yes Why? _____

For motherK # of pregnanciesK # of childrenK # of this childK

13. Developmental history: Child sat up at _____ months
Child walked at _____ months
Child spoke at _____ months
14. Prior operations? No Ye• If yes, please list the procedures and dates: _____

15. Past medical history: Please explain all answers

Major illness? No Yes

Prior hospitalizations? No Yes

Immunizations current? No Yes

16. 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 defecit problems			
Immune system problems, infections			

17. Social history:

Legal guardian of child: "Mom ~~A~~ Dad ~~M~~ Other:

Grade in school:

Recreation/Sports

Signature of person completing this form: _____

Relationship to patient: _____