



WESTERN WAKE WELLNESS, PLLC
PEDIATRIC HEALTH HISTORY

401 KEISLER DRIVE
SUITE 101
CARY NC 27518
919-378-1492
www.WakeWellness.com

Name: _____ Date: _____ Date of birth: ____/____/____

Grade: _____ School: _____

Please list any medical conditions or health concerns:

Please list any medications, vitamins, supplements, or over-the-counter medications:

Any Medication Allergies? _____

Any environmental, food or other allergies? _____

Any hospitalizations or surgeries? _____

Birth History: Were there any problems during pregnancy or delivery? _____

Any Concerns with school performance? yes no Ever referred for Special Education Services? yes no

(Males only) Is the patients circumcised? yes no Any concern for undescended testes? yes no

(Females only) Have menstrual cycles started yet? yes no Any problems with cycles? yes no

Vaccination Status: Up to date / Delayed or Selective / Unvaccinated / Undecided

Does anyone at home smoke? yes no Are you worries about your child's safety at home? yes no