

Total Sports and Family Care

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Under 14 Health Evaluation Form

Name: _____

Acct: _____

DOB: _____

Date: _____

Gender: Female Male

Race: Black/ African-American Asian Caucasian Native American/Alaskan Pacific Islander Other _____

Ethnicity: Hispanic/Latino Non Hispanic/Latino

IS CHILD IS 1 YEAR OF AGE OR OLDER: Y* N *If yes, skip boxed section.

IF UNDER 1 YEAR OLD

PREGNANCY PREGNANCY/DELIVERY INFO UNKNOWN

of living children: _____

Mother's age at birth: _____

Trimester Prenatal Care Began: 1 2 3

Vitamins: Y N Iron: Y N

MATERNAL COMPLICATIONS *Circle as needed*

| | |
|------------------|-------------------------------|
| Vaginal Bleeding | Flu-like illness or high temp |
| Anemia | Kidney or bladder infection |
| Hypertension | STDs |
| Rh Negative | Hepatitis (A, B, C) |
| Diabetes | TB or TB exposure |
| Premature labor | Lead/Chemical exposure |
| Dental disease | Injury/surgery/accidents |

MATERNAL SUBSTANCE USE

OTC meds: _____

Prescriptions: _____

Tobacco: _____

Alcohol: _____

Street drugs: _____

Caffeine: _____

BIRTH/DELIVERY

Hospital Birthing Center Home

Hours of labor: _____

Term Premature (weeks): _____

Vaginal C-Section Forceps

Breech Multiple Birth other

NURSERY COURSE

Birth wt: _____ Length _____

Difficulty Breathing Transfusion

Jaundice req treatment Heart murmur

Infection Seizures

NICU # days: _____ Age at NICU Discharge: _____

Newborn blood screening done: Y N

Newborn Hearing test: Normal Abnormal

PERSONAL HISTORY *Circle as needed*

Imms up-to-date? Y N Records unavailable

Dental care current? Y N

Use tobacco? Y N How often? _____

Use alcohol? Y N How often? _____

Surgeries: _____

FAMILY MEDICAL HISTORY

Circle as needed

(Pertains to parents, siblings, grandparents) Unknown

| | |
|------------------------|----------------------|
| Anemia/Blood Disorder | HIV |
| Heart Disease under 50 | Immunosuppression |
| High Cholesterol | Dental Decay |
| Hypertention | Stroke |
| Tobacco use | Alcohol/Drug abuse |
| Cancer | Diabetes |
| Epilepsy/seizures | Hearing impaired |
| Kidney problems | TB |
| Physical/sexual abuse | Psychiatric disorder |
| Genetic disease | Domestic violence |
| Thyroid issues | Muscle/bone disease |
| Other: | _____ |

CURRENT PROBLEMS

Circle all that apply

| | | |
|--------------------|--------------------|-----------------|
| Abdominal pain | Athlete's Foot | Dizzy spells |
| Loss of appetite | Memory loss | Fainting spells |
| Indigestion | Blood in urine | Sweating spells |
| Nausea | Painful urinating | Anemia |
| Vomiting | Urinating more | Seizures |
| Heartburn | Breast problem | Wt gain |
| Diarrhea | Stiff joints | Wt loss |
| Constipation | Back pain | Lightheaded |
| Gas/Bloating | Swollen joints | Behavior issues |
| Hemorrhoids | Irreg heartbeat | Fevers |
| Painful swallowing | Chest discomfort | Vision change |
| Blood in stool | Sinus Problems | Hearing change |
| Cough | Ear problems | Anger |
| Short of breath | Neck Pain | Irritability |
| Hoarseness | Rash | Sleep issues |
| Wheezing | Numbness | Nervousness |
| Warts/moles | Bald spots | Fatigue |
| Sexual Issues | Vaginal irritation | Depression |
| Other: | _____ | |

Age periods started: N/A _____

Allergies: _____

Current Meds: _____