CAMERON S. SCHAEFFER, MD, PSC

PEDIATRIC UROLOGY/PLASTIC SURGERY

Dear Parent/Guardian:

Please take a few minutes to complete this form. This will help assure you of the best possible care for your child. The information you provide will be held in confidence as part of your child's medical record.

NAME OF PATIENT:_____ TODAY'S DATE_____
DATE OF BIRTH:_____ AGE:_____ SS#_____
Reason for visit:_____ Referring Physician:_____
Person completing this form:_____ Relationship to patient:_____

MEDICAL HISTORY/REVIEW OF SYSTEMS

Is your child currently having problems or has ever had problems with any of the following?:
(Please circle or write in symptoms)

GENERAL: Premature, "Failure to thrive", Recent weight changes, Weakness, Fatigue, Unexplained fever, Developmental delay — Y N

SKIN: Rashes, Dry/flaky skin, Jaundice, Discoloration of skin, Changes in hair or nails — Y N

EARS, NOSE, MOUTH, THROAT: Thrush, Ear infections, Sinus infections Soreness/redness of gums, Difficulty swallowing Difficulty hearing/deafness — Y N

RESPIRATORY: Wheezing, Asthma, Bronchitis, Pneumonia, Chest Pain, Tuberculosis Difficulty breathing, Reactive Airway Disease — Y N

NEUROLOGIC: Spina Bifida, Seizures, Fainting, Paralysis Tingling, Tremors, Sacral agenesis — Y N

CARDIOVASCULAR: Heart murmur, Rapid heart beat, High blood pressure, Dizziness, Swelling hands/feet, Rheumatic fever — Y N

ENDOCRINE: Thyroid trouble, heat or cold intolerance, Excessive sweating, Excessive thirst or hunger, Diabetes — Y N

GASTROINTESTINAL: Changes in appetite, Nausea, Vomiting, Indigestion, Food intolerance Gastroesophageal reflux, Constipation, Diarrhea, Soiling pants Hemorrhoids — Y N

GENITOURINARY: Abnormal prenatal ultrasound of bladder/kidneys, Blood in urine, Frequent urination, Painful urination, Bladder/kidney infections, Day or night wetting/leakage/dribbling, Protein in urine — Y N
MALE: Hernias, Testicular problems, Penis/foreskin problems, adhesions
FEMALE: Vaginal discharge, Yeast infections, adhesions

HEMATOLOGIC: Anemia, Easy bruising, Easy bleeding, Leukemia, Blood transfusion — Y N

MUSCULOSKELETAL: Coordination difficulties, Weakness, Pigeon toes, Broken bones — Y N

PSYCHIATRIC: Depression, Nervousness, Mood Swings, Nightmares, Insomnia ADHD/ADD — Y N

ALLERGY/IMMUNOLOGIC: Latex allergy, Food allergy, Plant allergy, — Y N

DRUG ALLERGIES:_____
_____

IMMUNIZATIONS: Up to date Y N

MEDICATIONS your child is taking (please include over the counter medications and herbal products):
_____
_____

HOSPITALIZATION/SURGERY: Please list hospitalizations and/or surgeries your child has had:
_____ Year_____ _____ Year_____
_____ _____ Year_____ _____ Year_____
_____ Year_____ _____ Year_____

FAMILY HISTORY: Do you have any family history of:
Daywetting/Bedwetting N Y_____ Kidney Stones N Y_____
Urinary Infections N Y_____ Blood in Urine N Y_____
Protein in Urine N Y_____ Kidney Failure N Y_____
Abnormalities of Urinary Tract (i.e., reflux) N Y_____

SOCIAL HISTORY:
Child lives with: ___Mother ___Father ___Both ___Other_____
Grade in school_____
Are any of these products used in the home: ___Tobacco ___Alcohol ___Drugs

OFFICE USE ONLY:
I have reviewed the Medical History/Review of Systems with the patient and/or family.

_____ _____
Sara Ackerman PA-C Cameron S. Schaeffer, MD, FACS