Jupiter Peds, LLC
6650 W. Indiantown Road,
Suite 110
Jupiter, FL 33458
Phone: (561) 575-9876
Fax: (561) 575-2858

Jupiter Peds

TopLine MD Alliance

PAST MEDICAL HISTORY

PATIENT: _____ DOB/AGE: _____ TODAY'S DATE: _____

DRUG ALLERGIES:	OTHER ALLERGIES:
Has your child ever had a blood transfusion? □ No □ Yes	

HOSPITALIZATION AND SURGERIES: Please complete the following for your child.

Year	Reason for hospitalization or type of surgery	Outcome

SERIOUS ILLNESS / INJURIES: Please complete the following for your child.

Date	Type of Illness / Injury	Outcome

CHILD'S PAST MEDICAL HISTORY: Does your child have now or has he/she ever had?

NO	YES	ILLNESS	NO	YES	ILLNESS	NO	YES	ILLNESS
		Anemia			Chronic Constipation			Recurrent Ear Infections
		Asthma or wheezing			Eczema			Recurrent Throat Infections
		Bleeding Problems			Failure to Thrive			Seizures
		Chicken Pox			Hearing Problems			Vision Problems
		Congenital Problems (List under Comments)			Hepatitis			Vaccines up to date?

Female Patients: Your child's menstruation began: (age) Last menstrual period: (date)
Pap Smear: yes□ no □ Date of last Pap: Normal Pap: yes □ no □

Medications Child is taking:

Medication & dosage:_____
Prescribed By:_____

Medication & dosage:_____
Prescribed By:_____

Medication & dosage:_____
Prescribed By:_____

Jupiter Peds, LLC
6650 W. Indiantown Road,
Suite 110Jupiter, FL 33458
Phone: (561) 575-9876
Fax: (561) 575-2858

Jupiter Peds

TopLine MD Alliance

PATIENT: _____ DOB/AGE: _____ TODAY'S DATE: _____

FAMILY HISTORY

Relation	Name	Age	Significant Illnesses
Child's Mother			
Child's Father			
Sibling			
Sibling			
Sibling			
Sibling			

FAMILY MEDICAL HISTORY: (parents, siblings, and genetic disorders)

NO	YES	ILLNESS	RELATION	NO	YES	ILLNESS	RELATION
		Anemia				HIV Positive	
		Anorexia (Poor appetite)				Kidney Disease	
		Appendicitis				Liver Disease	
		Arthritis				Migraine Headaches	
		Asthma				Mononucleosis	
		Bleeding Disorders				Psychological Illness	
		Cancer				Rheumatic Fever	
		Chemical Dependency				Seizures	
		Chicken Pox				Suicide Attempt	
		Diabetes				Thyroid Problems	
		Heart Disease				Tuberculosis	
		Hernia				Vaginal Infections	
		High Blood Pressure				Venereal Disease	
		High Cholesterol					

Other Providers treating your child (physicians, mental health, therapists, etc.)

Name:_____Phone:_____

Name:_____Phone:_____

Name:_____Phone:_____