

THOUSAND OAKS PEDIATRICS INTERIM HISTORY – CHILD (5-10)

(To be completed by Parent)

Name _____

Date _____

- Do you have any concerns/problems today you would like to address in addition to the physical exam? _____

- Have there been any significant illnesses or injuries since the last physical?

Does your child have any questions about their body development or puberty? _____

- Circle any of the following that have ever happened? Please give details below:
Fainting, difficulty breathing, broken bones, bad sprains, head injury

- When was the last time your child saw the dentist for a teeth cleaning? _____
- What grade & school is your child in (or just finish)? _____
What is your child's best subject? _____
In what classes is your child getting less than a C grade? _____
Has this class always been difficult? _____
- What sports does your child play? _____

- What kind of things does your child like to do for fun? _____

- Who lives at home? _____
- What kind of pets/animals live at your house? _____
- Does your child eat breakfast, lunch, AND dinner? _____
Does your child eat fruits and vegetables every day? _____
How much junk food (sweets, chips, fast food, ice cream, etc) does your child eat every day?

- Does anyone smoke at your home? _____
- Is there a gun in your home? _____ Where and how is it stored? _____
- Please circle the safety measures you and your child practice:
*Supervision around all bodies of water, Wearing a helmet when using a bike, skateboard, scooter, etc;
wearing a seatbelt whenever riding in a car*