

Dr Nadia Khan
Paediatrician

MBChB, FC Paed SA



drnkhan@doctors.hillcresthospital.co.za
www.drnadiakhan.co.za

Suite 22, Hillcrest Private Hospital
471 Kassier Road, Assagay
Practice # 0482676

T +27 (31)768 8234

PATIENT HISTORY FORM

PATIENT PARTICULARS

Patient name:

Age:

Date of birth:

Sex:

Last weight:

Mother's name:

Father's name:

MEDICAL HISTORY

Presenting complaint:

Duration of complaint:

Any other associated symptoms and duration:

PAST MEDICAL HISTORY

Previous illness:

Previous procedures:

Chronic illness:

Medications:

BIRTH HISTORY

Birth weight:

Caesar or natural delivery:

If Caesar, reason:

.....

Apgar's:

Any birth complications:

.....

.....

Any problems after birth (e.g. admission to ICU, jaundice etc.):

.....

.....

FAMILY HISTORY

Chronic disease (e.g. asthma/epilepsy):

.....

Allergies:

.....

.....

Siblings (Name and age):

Medical problems of note:

.....

ALLERGIES:

Drug:

Food:

Environmental:

Other:

Immunisations up to date: Yes/No

GROWTH AND DEVELOPMENT

Sat at age:

Crawled at age:

Walked at age:

First word at age:

Hearing test done? Yes/No

Date:

Doctor:

Signature

Date