



Pediatric Health Associates Medical Update Form

If you have trouble completing any section, please ask the nurse for help when you enter the exam room.

Date completed: _____ by: _____

Child's name _____

Who is your child's primary care doctor(s) at PHA: _____

What are your concerns for today's visit? _____

What are other concerns that we need to talk about in future visits? _____

What medication is your child taking now?

Does your child have any allergies to medications, foods, or the environment (for example: dust, insects, plants, trees, etc.)?

Please list any hospital stays your child has had in the last year (or since you last completed this form):

Hospitalization Dates	Reason for Admission	Name of Hospital

Please check each kind of specialist that your child sees at least once a year:

- Ortho(bone)
 GI(stomach)
 Neuro(brain/nerve)
 Psych(mental health)
 Cardio(heart)
 ENT(ear,nose,throat)
 Other(list) _____

Please list any changes in medical care a specialist above made at your last visit. Give the name of that doctor and the approx. date of the visit: _____

Please check the home care equipment your child is using now:

- O2
 Pulse Oximeter
 Apnea Monitor
 Trach tube
 Suction machine
 Vent
 Feeding pump
 Formula
 N/G tube
 GT/GJ tube
 Wheelchair
 Car seat
 BP Monitor
 IV/TPN
 Other _____

What do you see as your greatest need in caring for your child? How do you think we can help?

Thank you, we appreciate your help in updating your child's medical history.