

**Orthopaedic Surgery Specialists, Ltd. - Pediatric Pre-Evaluation Form**

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Your pediatrician's name and phone number: \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

When was the onset of your child's problem/injury? \_\_\_\_\_

Has your child had previous treatment for this problem/injury? (i.e. ER, Pediatrician) \_\_\_\_\_

**Your child's birth history:**

Birth Weight: \_\_\_\_\_ pounds, \_\_\_\_\_ ounces                      Premature?    Yes    No

Cesarean Section?    Yes    No                      Vaginal Delivery?    Yes    No

Breech Delivery?    Yes    No                      Normal Presentation?    Yes    No

Your child sat up at \_\_\_\_\_ months, walked at \_\_\_\_\_ months

Mom's number of pregnancies: \_\_\_\_\_, number of children \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_

Does your child have any allergies to medications that you are aware of and if so, what are they and what is the reaction? \_\_\_\_\_

Is your child currently taking any medications and if so, what are they? \_\_\_\_\_

Does your child have any medical problems and if so, what are they? \_\_\_\_\_

Has your child had any hospitalizations or injuries? If so, please list. \_\_\_\_\_

Is there any significant family medical history the doctor should be aware of? (i.e. cancer, heart disease)

Is your child active in any sports/recreation activities in school or outside of school? If so, please list.

**\*If you have any other pertinent information that you would like to share with the doctor, please use the backside of this form.**