

Cooper Pediatrics

Growing Healthy Children -
Our Primary Practice

3645 Howell Ferry Rd, Duluth, GA 30096
678-473-4738 Fax: 678-473-4739

Name _____

DOB _____ Today's Date _____

Male Female

Information obtained from:
Parent Guardian

INITIAL HISTORY

General Information

Allergies

Current Medications

Name Dosage Last taken

1. _____
2. _____
3. _____
4. _____

Past History

Does your child have, or has he/she had problems in any of the following since your last checkup?

Ear problems	Yes	No	Explain _____
Nasal allergies	Yes	No	Explain _____
Vision problems	Yes	No	Explain _____
Asthma, bronchitis, etc.	Yes	No	Explain _____
Heart problem	Yes	No	Explain _____
Bleeding problem	Yes	No	Explain _____
Stomach pain	Yes	No	Explain _____
Skin problems	Yes	No	Explain _____
Headaches	Yes	No	Explain _____
Neurological problems	Yes	No	Explain _____
Diabetes	Yes	No	Explain _____
Use of Alcohol/Drugs	Yes	No	Explain _____
Any other problem	Yes	No	Explain _____

Lead Risk Assessment Yes No * Any 'yes' answer indicates the child is High Risk and should have a blood test. NOTE: All children ages 12 months and 24 months **must** have a blood lead test.

Does your child live in or often visit a house/apt that may have been built before 1978? * Does your child live in or often visit a house/apt that is being remodeled or is having paint removed? * Does your child live in or often visit with another child that had an elevated BLL? * Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead? * Does your child chew on or eat non-food items like paint chips or dirt? * Does your child live near an active lead smelter, battery recycling plant or other industry likely to release lead?

TB Risk Assessment Yes No * Any 'yes' answer indicates the child is High Risk and should have a TB test which should be read by a health professional and the Health Department should be notified.

In close contact of person with infectious TB? * HIV infection or at risk for HIV infection? * Foreign born, refugee or a migrant? * In contact with an incarcerated person or a person who was incarcerated in the past five years? * Exposed to the following individuals: HIV infected, homeless individuals, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults or migrant farm workers? * Have a medical condition or treatment of a medical condition which suppresses the immune system? * Live in a community in which it has been established that a high risk exists for TB? * Traveled to any foreign countries since the last medical visit