



**Dr. Jay Lepp
& Associates**

Clarity in Healing
2325 St. John's Street
Port Moody, BC V3H 2A8

Pediatric Case History

Child's Name: _____

Date : _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____

H. Phone: _____

Dad's W. Phone: _____ Mom's W. Phone: _____

Cell Phone: _____ Referred by: _____

Email address: _____

Date of Birth: _____ Age: _____ Birth Weight: _____ Current Weight: _____

Sex: M F # of Siblings: _____ Birth Length: _____ Current Length: _____

Type of Birth: Normal Vaginal Caesarian Breech Forceps

Home Birth Birthing Centre Hospital

Problems During Pregnancy: _____

Problems During Labour/Delivery: _____

APGAR Score: _____ Jaundice (Yellow) Cyanosis (Blue)

Congenital Anomalies/Disability: _____

Infant Feeding: Breast How Long? _____ Bottle Formula What age? _____

No. of Hours Sleep per Night: _____ Quality: Good Fair Poor

Obstetrician / Midwife: _____ Pediatrician/Family M.D. _____

Date of Last Visit to M.D.: _____ Purpose: _____

Vaccinations: No Yes Please List: _____

Pregnancy History: _____

Delivery History: _____

Developmental History: At What Age Did the Child...

_____ Respond to Sound _____ Crawl _____ Follow an object with his/her eyes
_____ Stand _____ Hold head up _____ Walk on his/her own

Childhood Diseases:

Chicken Pox Mumps Measles Rubella Rubeola Whooping Cough

Other: _____

Surgical History: _____

Medications: _____

Accidents: _____

Has your child ever suffered from any of the following (check all that apply):

- Dizziness Diabetes Arthritis Neuritis Anemia
- Poor Appetite Bed Wetting Fainting Neck Problems
- Backaches Heart Trouble Chronic Earaches Tuberculosis
- Hypertension Cold / Flu Headaches Asthma Allergies
- Digestive Disorders Sinus Trouble Constipation
- Rheumatic Fever Orthopedic Problems Diarrhea
- Hyperactivity Sugar Concentration Behavioral Problems
- Convulsions Paralysis Muscle Jerking
- Walking Problems Broken Bones Ruptures / Hernias
- Arm Problems Leg Problems "Growing Pains"

Is there anything else you want us to know about your child?
