MONTEREY COUNTY
HEALTH DEPARTMENT
Clinic Services Bureau

Pediatric Medical History (0-Age 15)

Birth Information	
Patient Name:	**Date of Birth:**
Medical Problems □ None	
Allergies □ None	*Reaction*
Medications □ None	
Surgeries □ None	
Family History	
Problem	*Who: Mom/Dad/Sister/Brother/Aunt/Grandparent*
Genetic Problems	
Mental Health Problems	
Learning Problems	
Heart Problems	
Asthma or Problems with Lungs	
Nervous System Problems	
Thyroid Problems	
Diabetes	
High Blood Pressure	
Tuberculosis Infection	