



Lake Mary Family Practice

4106 West Lake Mary Blvd., Ste. 215, Lake Mary, FL 32746
(407) 333-1550 Fax (407) 333-3081

PEDIATRIC MEDICAL SUMMARY

Age 0 - 12

**DAVID L. NERNESS, MD
ROBERT M. RODGERS, MD
JINYU SOH-URBANO, MD
PATTY LODGE, PA-C**

Patient Name: _____ Today's Date: _____

Person Completing Form: _____ Relationship: _____

Date of Birth: _____ Birthplace: _____

Normal pregnancy..... Yes No Cesarean birth..... Yes No

Normal birth..... Yes No Hospitalized greater than 3 days..... Yes No

CHILDHOOD HISTORY: *Please be prepared to furnish us with immunization records.*

HOSPITALIZATIONS AND OR SURGERIES AFTER BIRTH				
AGE	DIAGNOSIS	TREATMENT	DR'S NAME	HOSPITAL

MEDICATIONS - Please list the medications commonly taken				
MEDICATION	DOSAGE	HOW OFTEN	FOR WHAT	SINCE WHEN

Please list any allergies: _____

Please check where appropriate and indicate the number of persons affected					
DISEASE / SYMPTOM	CHILD	MOTHER	FATHER	BROTHERS	SISTERS
Died Suddenly					
Died After Illness					
Diabetes					
Heart Trouble					
Allergies					
Anemia					
Asthma					
Sickle Cell Disease					
High Blood Pressure					
Convulsions / Seizures					
Tuberculosis					

Cfs 8/06

Are there any other diseases in you family? _____