

UT Le Bonheur Pediatric Specialists

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Date _____

Person completing this form _____ Relationship to Patient _____

Patient Name _____ DOB _____ Sex _____ Approx. Weight _____

Drug Allergies _____

Primary Care Physician _____ Phone () _____

Address _____
(street) (city) (state) (zip)

Pharmacy Used _____ Phone () _____

Address _____
(street) (city) (state) (zip)

Reason for Visit _____

List any medical tests/x-rays relating to problem:

| Date | Tests Done | Hospital/Location |
|------|------------|-------------------|
| | | |
| | | |
| | | |

List all medications patient is currently taking:

| Name of Medication | Dosage | How often taken | Reason for taking | Prescribing Physician |
|--------------------|--------|-----------------|-------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List surgeries, hospitalizations, or major health conditions:

| Date | Type of Surgery, Hospitalization, etc. | Hospital and Location |
|------|----------------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

Please answer all questions below:

Family history of:

Urinary tract Infections? Y / N Please specify _____
Kidney / bladder reflux? Y / N Please specify _____
Other kidney problems? Y / N Please specify _____

Daytime wetting accidents? Y / N

Frequency of urination Y / N
Urgency Y / N
Previous urinary infections Y / N

How many days a week? _____

Painful urination Y / N
Awakening at night to void? Y / N

Nighttime wetting accidents? Y / N

Family history? Y / N
Previously treated? Y / N

How many days a week? _____

Specify _____
Has patient tried alarms or medication? Y / N
If so when? _____
Medication _____

Social History:

Child lives with? Mom Dad Both Other _____
Grade in school _____

Is there anything else we should know to better care for the patient?

To the best of my knowledge, the questions on this form have been accurately answered. **It is my responsibility to inform the doctor's office of any changes in my child's medical status.**

Signature of Parent or Legal Guardian _____ Date _____