UNIVERSITY OF CALIFORNIA, DAVIS
MEDICAL CENTER
SACRAMENTO, CALIFORNIA

OPD PROGRESS RECORD

ORTHOPAEDIC OUTPATIENT SERVICE

Today's Date: _____ **Child's Name:** _____

Please complete this questionnaire. This information will assist your doctor and the outpatient staff to evaluate and treat your problem.

Child's Age: _____ Birthdate: _____

What is your child's problem: _____

What do you expect your visit to accomplish? _____

When did your child's problem begin? _____

How did your child's problem start? (If problem is an injury, please describe): _____

Describe treatment up until now, and give approximate dates: _____

Is the problem getting better, worse or staying the same? (circle one)

What makes it worse? _____

What makes it better? _____

What **can't** your child do because of this problem? _____

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PAST HISTORY:

Has your child ever had or does he/she now have:
_____ High blood pressure
_____ Born with a heart or other organ abnormality
_____ Too much sugar
_____ A contagious disease

Was your child born with a disease or disorder of the:
_____ Blood
_____ Bones
_____ Genes
_____ Growth pattern

Cancer_____ Part of body_____

_____ Other diseases we should know about:_____

_____

Has your child ever had a blood transfusion? Yes ____ No ____

List all medications your child is currently taking:

Name	Dose

List all allergies your child has to:

Medications	Other

Does your child smoke? Yes____ No____ Did the mother smoke while pregnant? Yes____ No____
Does your child drink? Yes____ No____ Did the mother drink while pregnant? Yes____ No____
Does your child take street drugs? Yes____ No____
Did the mother take street drugs while pregnant? Yes_____ No_____

Please list all surgeries your child has had and the dates:_____

_____

_____

_____

Please list all injuries with dates and treatments:_____

_____

_____

(For age 10 and younger)
Was the delivery of this child: On time_____ Early_____ Late_____
Was the birth normal:_____ Child's birth weight:_____

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Does your child have any special dietary needs?_____

_____

If your child is under one year of age, specify if the diet is: breast_____ formula type_____

Please list date and types of any immunizations:

Type	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does your child have a latex allergy? Yes_____ No_____

FAMILY MEDICAL HISTORY:

	If alive:					**If deceased:**	
Father:	Age:_____	HEALTH: (circle one)	good	fair	poor	Age:_____	Cause:_____
Mother:	Age:_____	HEALTH: (circle one)	good	fair	poor	Age:_____	Cause:_____
Siblings:	Age:_____	HEALTH: (circle one)	good	fair	poor	Age:_____	Cause:_____
	Age:_____	HEALTH: (circle one)	good	fair	poor	Age:_____	Cause:_____
	Age:_____	HEALTH: (circle one)	good	fair	poor	Age:_____	Cause:_____
	Age:_____	HEALTH: (circle one)	good	fair	poor	Age:_____	Cause:_____

Have **your** blood relatives had any of the following? (circle):

Allergies, congenital abnormalities, blood dyscrasia, high blood pressure, heart disease, heart attacks, strokes, diabetes, tuberculosis, epilepsy, alcoholism, cancer, kidney disease, rheumatic fever, arthritis and/or gout, asthma

SOCIAL BACKGROUND:

Highest grade in school: _____

Sports activities:_____

_____

Have you ever lived outside the United States? Yes _____ No _____

If yes, state where and for how long:_____

_____

Current residence: _____

_____

_____

_____

_____

Pediatrician(s):_____ _____

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Is your child: shorter than average _____ average_____ tall for age_____

(For age five and under):
At what age did your child: sit_____ walk_____ speak clearly_____

(For age five and older):
How does your child perform in school? Below average_____ Average_____ Above Average_____

(Adolescents)
At what age did breast development begin in your female child:_____
At what age did hair development/voice change begin in your male child:_____

REVIEW OF SYSTEMS:

Is your child easily fatigued?	YES	NO	HOW LONG?_____
Had unexplained weight loss or gain?	YES	NO	HOW LONG?_____
Does your child have a fever?	YES	NO	HOW LONG?_____
Does your child have any lumps in the neck, armpit, or groin area?	YES	NO	HOW LONG?_____
Does your child complain of chest pains?	YES	NO	HOW LONG?_____
Has your child ever had a heart murmur?	YES	NO	HOW LONG?_____
Does your child have difficulty exercising?	YES	NO	HOW LONG?_____
Does your child complain of headaches?	YES	NO	HOW LONG?_____
Has your child ever had a seizure?	YES	NO	HOW LONG?_____
Has your child ever been paralyzed?	YES	NO	HOW LONG?_____
Does your child have a runny nose?	YES	NO	HOW LONG?_____
Does your child have frequent ear infections?	YES	NO	HOW LONG?_____
Does your child have frequent sore throats?	YES	NO	HOW LONG?_____
Does your child act short of breath?	YES	NO	HOW LONG?_____
Has this child ever had asthma or wheeze-like breathing?	YES	NO	HOW LONG?_____
Does your child have a cough?	YES	NO	HOW LONG?_____
Has this child ever had pneumonia?	YES	NO	HOW LONG?_____
Does your child complain of pain with urination?	YES	NO	HOW LONG?_____
Does your child have blood in his/her urine?	YES	NO	HOW LONG?_____
Has your child ever had blood in his/her urine?	YES	NO	HOW LONG?_____
Does your child seem to urinate too often?	YES	NO	HOW LONG?_____
Does your child complain of having to urinate all the time but can't?	YES	NO	HOW LONG?_____
Is this child potty-trained?	YES	NO	HOW LONG?_____
Does your child wet the bed at night?	YES	NO	HOW LONG?_____
Does your child complain of a stomach ache?	YES	NO	HOW LONG?_____
Has your child thrown up, had diarrhea, or constipation recently?	YES	NO	HOW LONG?_____
Has your child ever passed blood with bowel movements?	YES	NO	HOW LONG?_____
Has your child ever been jaundice?	YES	NO	HOW LONG?_____
Does your child have any sores on his/her body?	YES	NO	HOW LONG?_____
Does your child have a rash?	YES	NO	HOW LONG?_____
Does your child complain of difficulty moving any limb?	YES	NO	HOW LONG?_____
Does your child have weakness in any limb?	YES	NO	HOW LONG?_____
Does one limb look smaller than the other?	YES	NO	HOW LONG?_____

Reviewed by: _____ Date:_____
Provider's Signature

_____
Printed Name

BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE – BLUE