

Table 7. School-aged child history form (5-12 years)

Patient information and consent	
Patient name	
Patient date of birth	
Parent/guardian names	
Legal relationship to child	
General practitioner/pediatrician	
Consent to contact other practitioners	
Consent to care	
Consent to use anonymized data for research	
Date	
Primary complaint	
Description (ask parent/guardian & child)	
Onset	
Course since onset	
Possible causes/contributing factors	
Aggravating factors	
Relieving factors	
Behavioral changes	
Associated symptoms	
Previous episodes and management	
School attendance, engagement, achievement	
Activities affected	
Transport mode to school	
Car, walk, bike	
Any history of emotional trauma e.g. bereavement, bullying, abuse	
Nutrition	
Diagnosed or suspected allergies/intolerances	
Usual diet and any restrictions	
Growth (weight, height)	
Sleep	
Sleep patterns	
Any concerns about sleep	
Activity levels	
Physical activity	
What, how long, how often	
Sedentary time	
Screen time	
Other medical conditions	
General health	
Diagnosed conditions <i>When diagnosed?</i>	
Suspected conditions	
Medications <i>Prescribed and OTC</i>	
Supplements	
GP or hospital visits/admissions <i>When and why?</i>	
Other healthcare professionals seen	
Surgeries <i>What and why?</i>	
Atopic: <i>Skin, respiratory, gastrointestinal</i>	
Injuries	
Infections	
Vaccinations — normal schedule followed?	
Family medical history <i>Who, what, management, outcome</i>	
Review of systems	
Respiratory <i>Recurrent coughs, mucous, wheeze</i>	
Skin <i>Rash, eczema</i>	
Gastrointestinal <i>Pain, vomiting, gas, stool</i>	
Output <i>Frequency of urination and defecation in 24 hrs</i>	
Positional or postural preference <i>Asymmetry of head, trunk, or limbs</i>	
Injuries or falls	
Development <i>Does the child move and interact like other children the same age?</i>	
Other Recreational drug use <i>Any other thoughts or concerns not covered?</i>	