

PLEASE COMPLETE ONE FORM FOR EACH CHILD PRIOR TO HIS/HER INITIAL VISIT

DATE: _____ PATIENT NUMBER: _____

NAME: _____ PREFERRED NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PREVIOUS PEDIATRICIAN: _____ CITY: _____ STATE: _____

PRENATAL HISTORY:

DIFFICULTIES WITH PAST PREGNANCIES: _____

DIFFICULTIES WITH THIS PREGNANCY: _____

PERINATAL HISTORY:

HOSPITAL WHERE BORN: _____

OBSTETRICIAN: _____ WEEKS PREGNANT AT BIRTH _____

TYPE OF DELIVERY (VAGINAL, CAESAREAN SECTION, FORCEPS, VACUUM): _____

COMPLICATIONS DURING/AFTER DELIVERY: _____

NEONATAL HISTORY:

WEIGHT: _____ LENGTH: _____ APGARS: _____

PAST MEDICAL HISTORY:

HOSPITALIZATIONS: (DATES, LOCATIONS, REASONS) _____

OUTPATIENT EVALUATIONS BY SPECIALISTS: _____

CHRONIC/RECURRENT PROBLEM: _____

MEDICATIONS: (NAME, DOSAGE, DURATION OF USE, SIDE EFFECTS) _____

ALLERGIES: (NAME OF DRUG OR OFFENDING AGENTS AND STATE SYMPTOMS OF ALLERGY)

SOCIAL HISTORY:

HOUSEHOLD: (NAME, AGE AND SPECIFIC RELATION OF EACH PERSON IN THE HOME)

NAME:	AGE:	RELATIONSHIP TO PATIENT:	OCCUPATION (IF APPLICABLE):

PLEASE COMPLETE OTHER SIDE

Medical Background - Biological father		Medical Background - Biological mother	
Height		Height	
Weight		Weight	
Blood Pressure issues		Blood Pressure issues	
Current Health problems		Current Health problems	
Significant health problems as a child		Significant health problems as a child	
Growth & puberty - normal, early, late		Growth & puberty - normal, early, late	
Date of Birth		Date of Birth	

Is there a personal or family history of the following? (S = self, P = parent, B/S = brother/sister, O = other family member)

We are especially interested in children and young adults. Please give details if known.	
Allergies (foods, latex, pollens, environmental?)	
Addiction Issues	
Asthma or respiratory problems	
Autoimmune problems (such as arthritis, lupus, thyroiditis)	
Vision or eye problems	
Bleeding or clotting problems	
Stomach/intestinal track problems	
Food intolerances (such as lactose intolerance)	
Emotional problems (depression, anxiety, schizophrenia, etc.)	
Attention deficit disorders, autism, learning disabilities	
Developmental differences (such as problems with speech or language, gross motor delays, fine motor problems)	
Endocrine diseases (such as thyroid diseases, Addisons disease, Cushing disease)	
Heart problems, early heart attacks, sudden cardiac death, etc.	
Genetic abnormalities	
Chromosomal abnormalities	
Seizure disorders	
Neurological problems	
Problems with bones, skeletal abnormalities	
Metabolic diseases	
Congenital problems (such as heart problems, kidney problems, cleft palate)	
Hearing impairment or deafness	
Skin diseases	
Liver problems	
Bedwetting after 5 years of age	
Cancer in children or young adults	
Infectious diseases (such as Group B strep, Hepatitis, HIV, TB)	

Are there any family health problems that don't fit well into the above categories?

SIGNATURE OF PERSON COMPLETING FORM: _____