



Patient Name: _____

DOB: _____

Date: _____

Allergies: (Include name of medication or food, reaction, and age of onset)

Current Problems:

History:

Birth History:

Birth Length: _____ Birth Weight: _____

Birth Head Circumference: _____

Discharge Weight: _____ Gestational Age at Birth (weeks): _____

Delivery Method: Vaginal C-section
If C-section, why? _____

APGAR scores: 1 min ____ 5 min ____

Infant Feeding: Breast Bottle Both
Formula name: _____

Hearing Screening: Pass Fail Re-testing

Heart disease screening: Pass Fail

Medical History: (Check any that have been diagnosed and comment below)

____ Hospitalizations

____ Prematurity

____ Diabetes

____ Asthma

____ GE Reflux

____ Vision problems

____ Allergic Rhinitis

____ Constipation

____ Developmental Delay

____ Eczema

____ Anemia

____ Seizures

____ Wheezing

____ Recurrent Ear infections

____ ADD/ADHD

____ Food Allergies

____ Recurrent Strep

____ Mental Illness

____ Murmur

____ Urinary Tract Infection (UTI)

____ Substance Abuse

____ Congenital Heart Disease

____ Vesicoureteral Reflux (VUR)

____ Hearing Problems

Other Medical History: _____

Surgical History: _____ **No Surgeries**

(Check any past surgeries and complete age/date and surgeon if known)

Procedure	Date or Age
· Adenoidectomy	_____
· Appendectomy	_____
· Ear Tubes	_____
· Fundoplication	_____
· Gastrostomy Tube Placement	_____
· Heart Surgery	_____
· Hernia Repair	_____
· Orthopedic Surgery	_____
· Tonsillectomy	_____
· Urological Surgery	_____
· VP Shunt	_____

Other Surgical History: _____



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Family History: (Check any known problems in the family – please complete *at least* for parents and siblings)

Relationship to CHILD	Name	Alive?	No Known Problems	ADHD/ADD	Allergies	Anemia	Asthma	Cancer	Diabetes	Eye Disease	GI Problems	Heart Disease	High Cholesterol	Hypertension	Kidney Disease	Mental Illness	Migraines	Seizures	Substance Abuse	Thyroid Disease	Other		
Parents	Mother	Y N																					
	Father	Y N																					
Siblings	Bro Sis	Y N																					
	Bro Sis	Y N																					
	Bro Sis	Y N																					
	Bro Sis	Y N																					
	Bro Sis	Y N																					
Grandparents	MGM	Y N																					
	MGF	Y N																					
	PGM	Y N																					
	PGF	Y N																					

Comments (including *Other* responses): _____

Relationships: P=Paternal (father's side of family), M=Maternal (mother's side of family), GM=Grandmother, GF=Grandfather
 For example: MGM = Maternal Grandmother

Home Environment:

Number of People at Home: _____

Lives with biological parents: Yes No Other _____

Foster Care: Yes No

Primary Care Givers (circle): Parents Daycare Relatives Others: _____

Pets: Yes No

Parent's Status: Married Divorced Single Other _____

Mother's Occupation: _____ Father's Occupation: _____