

NEW PATIENT INFORMATION

Date: _____

Previous Medical Care: Dr. _____

Location _____

PREGNENCY & BIRTH

Any smoking, alcohol or drug use during pregnancy? _____

Was baby early, late, or on time? _____

Type of delivery? _____ Birth Weight _____

Length of nursery stay? _____

Problems with baby at birth? _____

PAST MEDICAL HISTORY

Allergies to medications or foods? _____

Medications taken on a regular basis? _____

Immunizations – up to date? _____ Record available? _____

Hospitalizations – (when - where - why?) _____

Serious injuries (when - where?) _____

Any history of the following?

Chicken Pox _____ Seizures _____

Asthma _____ Eczema _____

Anemia _____ Hearing problems _____

Vision problems _____

Other _____

Recurrent infections? Ear _____ Throat _____

DEVELOPMENT

Indicate age at which child:

Sat Alone _____ Walked _____ Used Sentences _____

Toilet Trained _____

Development compared to other children:
Normal, Delayed, Advanced

Current grade in school _____

Problems in school _____

FAMILY PROFILE

Parents are Married, Separated, Divorced, Remarried?

If marriage interrupted: when? _____

Number of family moves in last 5 years? _____

Children attending daycare? _____ Stays at home _____

Other arrangements _____

List brothers and sisters and their ages:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY MEDICAL HISTORY

Indicate all blood relatives of your child who have the following problems: (Use abbreviations) (F) Father, (M) Mother, (B) Brother, (S) Sister, (MM) Mother's Mother, (MF) Mother's Father, (FM) Father's Mother, (FF) Father's Father, (A) Aunt, (U) Uncle, (C) Cousin.

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|---------------------------------|---|--|
| 1. _____ AIDS | 10. _____ Depression, Psychological problems | 19. _____ Muscular Dystrophy |
| 2. _____ Alcoholism | 11. _____ Eczema, Skin Diseases | 20. _____ Seizures, Epilepsy |
| 3. _____ Allergies, Hay fever | 12. _____ Hearing Loss (childhood) | 21. _____ Stomach/Intestinal disorders |
| 4. _____ Anemia, Blood disorder | 13. _____ Heart Attack under 60 yrs old | 22. _____ Sudden Infant Death |
| 5. _____ Arthritis | 14. _____ High Blood Pressure | 23. _____ Tuberculosis |
| 6. _____ Asthma | 15. _____ High Cholesterol | 24. _____ Visual Problems |
| 7. _____ Cancer (childhood) | 16. _____ Kidney Disease, Urinary Tract Infection | 25. _____ Other Inherited Disorders: |
| 8. _____ Cystic Fibrosis | 17. _____ Mental Retardation | _____ |
| 9. _____ Diabetes (childhood) | 18. _____ Migraine Headaches | _____ |