

Thank you for taking the time to complete this form. In preparation of your coming visit please bring the following:

- \* Immunization records
- \* Request your child's previous medical records be forwarded to us from previous physician
- \* Please bring any forms that need to be filled out to appointment (school/camp/sports/college/physical forms)

We welcome siblings accompanying you during your child's office visit. Please bring appropriate items (toys, snacks) to keep them occupied so that you and the physician can give full attention to your child during their visit.

### NEW PATIENT –PEDIATRIC HEALTH HISTORY

CHILDS NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

NAMES OF SIBLINGS AND AGES (PLEASE LIST):

\_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

IF THE CHILD HAS A SECOND HOME PLEASE ALSO GIVE US THAT PHONE NUMBER AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE FILL IN IF YOU REMEMBER:

BIRTH WEIGHT \_\_\_\_\_ TYPE OF DELIVERY \_\_\_\_\_

COMPLICATIONS AT DELIVERY OR SOON AFTER BIRTH:

\_\_\_\_\_

#### CHILDS PAST MEDICAL HISTORY

#### NO / YES

#### IF YES PLEASE LIST:

Has your child had any serious illnesses

NO/YES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been hospitalized?

NO/YES

\_\_\_\_\_

\_\_\_\_\_

Has your child had any surgeries?

NO/YES

\_\_\_\_\_

\_\_\_\_\_

Has your child had any fractures

NO/YES

\_\_\_\_\_

MEDICATION: (INCLUDE HERBS AND VITIMINS)

HOW OFTEN TAKEN:

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Does your child have any Allergies?

NO/YES If so please list them and the type of reaction below:

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FAMILY HISTORY: (IF LIVING)

(IF DECEASED)

AGE-HEALTH STATUS

AGE AT DEATH – CAUSE OF DEATH

FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

SIBLINGS

- ARE THERE ANY SERIOUS HEALTH ISSUES IN ANY OF YOUR OTHER CHILDREN: YES/NO

IF SO PLEASE LIST:

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HAVE ANY FAMIY MEMBERS HAD CHILDHOOD DEATHS, CONGENITAL MALFORMATIONS, SUDDEN DEALTH AS A YOUNG ADULT? YES/NO

IF SO PLEASE LIST \_\_\_\_\_

IF THIS IS THE FIRST TIME YOU ARE BEING SEEN WHO REFERRED YOU TO OUR PRACTICE?

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