

Today's Date: ____ / ____ / ____



Childs' Name: _____

Nickname: _____

Date of Birth: _____

Patient History (Infant or Child)

Birth History: Mother's health problems with this pregnancy: _____

Medications mother took during pregnancy: _____

How much did mother smoke, drink alcohol, or use street drugs during pregnancy? _____

Labor and delivery: Vaginal or C-section, for reason of: _____

Any problems during labor/delivery? _____

Gestational age at delivery: _____ weeks

Did the baby have any problems in the newborn period? _____

Birth weight: _____ Length: _____

Feeding history: Breastmilk Formula How long? _____

Medical History:

Serious illnesses or chronic medical problems: _____

Medications: _____

Hospitalizations (why, dates/ages): _____

Accidents, broken bones, surgeries and dates of occurrence: _____

Medication Allergies and the reaction that occurred: _____

Environmental or food allergies and the reaction that occurs: _____

Development: Age first able to: Sit alone: _____ Stand alone: _____ Walk: _____

Put 2-3 words together: _____ Toilet-trained (daytime): _____

Immunizations: We will need a copy of your child's immunization (shot) record. Is your child up-to-date? Yes or No

Family History: Mother: Age (current): _____ Height: _____ Health issues: _____

Father: Age (current): _____ Height: _____ Health issues: _____

Siblings (names, ages, health problems): _____

Is there anyone related to the patient (parents, sibs, aunts, uncles, grandparents, cousins, etc.) with? :

_____ Diabetes _____ Heart disease _____ High Cholesterol _____ High BP _____ Kidney disease

_____ Obesity _____ Cancer _____ Anxiety _____ Depression _____ Bipolar _____ Schizophrenia

_____ Allergic rhinitis _____ Food allergies _____ Eczema _____ Asthma _____ Cystic Fibrosis

_____ Arthritis _____ Crohn's or Ulcerative colitis _____ Thyroid problems _____ Anemia

_____ Birth Defects _____ Mental retardation _____ Autism or Autism spectrum disorder

Social History:

Do you use well, city, or bottled water? _____

How many smokers are in the home? _____

Anything else we should know? _____