Pediatric New Patient History Form current date_____

Name_____ **DOB** _____ **Sex** ☐ M ☐ F

Nick name/ preferred name_____

Pharmacy _____

Past medical history (mark what applies)

Birth History For children less than 5 years old:

born ☐ full term ☐ preterm ☐ Vaginal delivery ☐ C-section reason for C-section _____

birth weight_____ NICU admission ☐ No ☐ Yes reason _____

During pregnancy did mother ☐smoke ☐drink alcohol ☐use drugs or medication ☐ receive treatment for HIV, Hepatitis, STD

Name of drugs/medication _____

problems during pregnancy/ delivery_____

Was infant breast fed? ☐Yes ☐ no how long? _____ ☐bottle fed

Hospital admissions:

Reason	Age or date
1.	
2.	
3.	

Surgeries: (ear tubes, tonsil and adenoid removal)

Reason	Age or year
1.	
2.	
3.	

Medications (prescribed, OTC, supplements, creams, nose sprays, inhalers)

Name	Dose	Who prescribed it
1		
2		
3		

Allergies (to medication or foods)

1		
2		
3		

Vaccines

☐ up to date ☐ not up to date ☐ unknown

Chronic and past medical issues (circle what applies):

Eye problems	Vision problems, glasses	☐ Yes ☐ No
Ears, nose, throat	Ear tubes, frequent ear infections	☐ Yes ☐ No
	Hearing problems	☐ Yes ☐ No
	Frequent nosebleeds	☐ Yes ☐ No
	Dental problems	☐ Yes ☐ No
	Snoring	☐ Yes ☐ No
Heart	Have you been told your child has a heart murmur	☐ Yes ☐ No
	Had high blood pressure	☐ Yes ☐ No
	Dizziness or passing out	☐ Yes ☐ No
	Racing or irregular pulse	☐ Yes ☐ No
	Congenital heart disease	☐ Yes ☐ No
Lungs	Wheezing or asthma	☐ Yes ☐ No
	Lung problems	☐ Yes ☐ No
	Pneumonia	
Gastrointestinal	Reflux	☐ Yes ☐ No
	Abdominal pain	☐ Yes ☐ No
	Constipation	☐ Yes ☐ No
Genitourinary Tract	Bed wetting	☐ Yes ☐ No
	Urinary infections	☐ Yes ☐ No
Musculoskeletal	Broken bones	☐ Yes ☐ No
	Back pain	☐ Yes ☐ No
Rashes or Skin problems	Rashes	☐ Yes ☐ No
	Acne	☐ Yes ☐ No
	Eczema	☐ Yes ☐ No
Neurologic	Convulsions, epilepsy or seizures	☐ Yes ☐ No
	Headaches	☐ Yes ☐ No
	Concussions	☐ Yes ☐ No
	Delays in development	☐ Yes ☐ No
Endocrine	Recent weight gain or loss (circle one)	☐ Yes ☐ No
	Diabetes	☐ Yes ☐ No
	Obesity	☐ Yes ☐ No
	Early or late sexual development	☐ Yes ☐ No
	Thyroid or other endocrine problems	☐ Yes ☐ No
Psychologic	Depression,	☐ Yes ☐ No
	Anxiety or unusual fearfulness	☐ Yes ☐ No
	ADD/ADHD	☐ Yes ☐ No
	Autism	☐ Yes ☐ No
	Behavior problems	☐ Yes ☐ No
Blood	Anemia (low blood)	☐ Yes ☐ No
	Blood transfusions	☐ Yes ☐ No
	Easy bleeding or bruising	☐ Yes ☐ No
Allergic/immune	Nasal Allergies	☐ Yes ☐ No
	Recurrent infections	☐ Yes ☐ No
	Chicken pox infection	☐ Yes ☐ No
	Valley fever	☐ Yes ☐ No
	HIV	☐ Yes ☐ No
	Other problems not mentioned above	

Does child see other pediatric specialists, gets therapies or early intervention? List specialties:_____

Family history (check what applies)

Name	Biologic Mother	Biologic Father	Biologic or half Brother	Biologic or half Sister	Other
Heart disease					
High cholesterol					
High blood pressure					
Heart attack					
Kidney disease					
Allergies					
Asthma					
Lung disease					
Diabetes					
Thyroid problems					
Obesity					
Digestive or liver problems					
Cancer					
Seizure/ neurologic problems					
Stroke					
Migraines					
Tuberculosis					
Hepatitis B or C					
HIV					
Anemia					
Bleeding or clotting problems					
Sickle cell/Cystic fibrosis/genetic problems					
Depression, anxiety, mental problems					
Alcohol or drug addiction					
Developmental disabilities					
Deceased					
Sudden death					
Other					

Social history

Who lives in the household with the child?

Name	Relation	Age	Occupation

Child's parents are: ☐ married ☐ unmarried ☐ divorced ☐ separated ☐ single parent ☐ adoptive parents

Number of brothers_____ Number of sisters_____

Custody arrangements _____

☐ group home ☐ hx of abuse/neglect ☐ domestic violence ☐ foster home

Childcare: ☐ parents ☐ relatives ☐ daycare or babysitter/nanny

☐ school grade____ ☐ has IEP/504 plan ☐ college ☐ other

Do you feel your family has enough to eat?

THANK YOU!

Please feel free to bring any past medical records, vaccine history, lab or imaging results to be scanned into child's chart