

New Patient Established Patient Today's Date: _____

Parent(s) Name: _____

Child's Full Name: _____ Date of birth: _____ Sex M F

Child's Doctor: _____ Referred by: _____

Child's Medical History Unknown No Significant Medical History

Complete below section if child is less than 5 years old or if there was a significant/complicated pregnancy history

Pregnancy/Birth History: *Check all that apply*

- Mother's age at delivery _____
- Month prenatal care began _____
- Weeks of pregnancy _____
- Birth Weight _____ C-Section Vaginal

Pregnancy Complications:

- Infections Diabetes Pre-eclampsia
- Multiple Gestations _____
- Other _____

Medications: _____

- Infections _____

Birth/Newborn Complications:

- Other _____
- Premature? – How early? _____
- NICU stay? – How long? _____

During pregnancy, the child's mother:

- Smoked - How much? _____
- Drank alcohol - How much? _____

Current Medications:

Allergies to Medicines:

Reaction:

This Child has been DIAGNOSED with:

- ADD/ADHD Age: _____
- Allergies/Hay fever Age: _____
- Anemia Age: _____
- Asthma Age: _____
- Autism Age: _____
- Bipolar Disorder Age: _____
- Blood Disorder/Sickle Cell Age: _____
- Broken Bones - Detail below
_____ Age: _____
_____ Age: _____
- Cancer - Type: _____
_____ Age: _____
- Celiac Disease Age: _____
- Chicken Pox Age: _____
- Constipation Age: _____
- Depression Age: _____
- Developmental Delay Age: _____
- Diabetes Age: _____
- Frequent Ear Infections Age: _____
- Gastrointestinal disorder Age: _____
- Headaches/migraines Age: _____
- Learning Disability Age: _____
- Pneumonia Age: _____
- Scoliosis (curved spine) Age: _____
- Seizures/epilepsy Age: _____
- Skin Issues Age: _____
- Stomach Problems Age: _____
- UTI/Bladder Infections Age: _____
- Other _____

Child's SURGERIES None

- Appendectomy Age: _____
- Adenoidectomy Age: _____
- Ear Tubes Age: _____
- Other _____ Age: _____
- Other _____ Age: _____
- Eye Surgery Age: _____
- Hernia repair Age: _____
- Tonsillectomy Age: _____

Child's Hospitalizations:

- Hospitalization: _____ Age: _____
- Hospitalization: _____ Age: _____
- Hospitalization: _____ Age: _____
- Hospitalization: _____ Age: _____

Child's Family History: Check the diagnoses given to the child's relatives. Unknown

Please circle relationship M=Mother, F=Father, S=Sibling(s), GM = Grandmother, GF=Grandfather, O=Other Relative(s)

| Diagnosis of relative: | Relationship to child | Diagnosis of relative: | Relationship to child |
|--|-----------------------|---|-----------------------|
| <input type="checkbox"/> ADD | M F S GM GF O | <input type="checkbox"/> High Blood Pressure | M F S GM GF O |
| <input type="checkbox"/> Allergies | M F S GM GF O | <input type="checkbox"/> High Cholesterol | M F S GM GF O |
| <input type="checkbox"/> Anemia | M F S GM GF O | <input type="checkbox"/> Learning Disability | M F S GM GF O |
| <input type="checkbox"/> Asthma | M F S GM GF O | <input type="checkbox"/> Psychiatric Illness | M F S GM GF O |
| <input type="checkbox"/> Autism | M F S GM GF O | (Depression, addiction, etc) | |
| <input type="checkbox"/> Blood Disorder/Sickle Cell | M F S GM GF O | <input type="checkbox"/> Seizures/epilepsy | M F S GM GF O |
| <input type="checkbox"/> Cancer | M F S GM GF O | <input type="checkbox"/> SIDS (crib death) | M F S GM GF O |
| <input type="checkbox"/> Celiac Disease | M F S GM GF O | <input type="checkbox"/> Stroke before age 55 | M F S GM GF O |
| <input type="checkbox"/> Diabetes | M F S GM GF O | <input type="checkbox"/> Sudden Death before age 50 | M F S GM GF O |
| <input type="checkbox"/> Gastrointestinal disorder | M F S GM GF O | <input type="checkbox"/> Other _____ | M F S GM GF O |
| <input type="checkbox"/> Heart disease before age 55 | M F S GM GF O | | |

Social/Environmental

- Child lives w/:
- Parent(s): Together Apart/Shared
 - Mother
 - Father
 - Relative _____
 - Other _____

- Adopted
- Smokers live in home with child? Yes No
- Child attends day care? Yes No
- Pets in the home? Yes No
- Well water? Yes No
- Home built before 1960? Yes No

Other _____

