

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**DELIVERY HISTORY**

Delivered at: \_\_\_\_\_ Obstetrician \_\_\_\_\_ Condition at Birth: Wt. \_\_\_\_\_ Ht. \_\_\_\_\_

Premie/Full Term (Circle one) Complications: \_\_\_\_\_ Miscarriages \_\_\_\_\_  
 Mo. \_\_\_\_\_ Cause \_\_\_\_\_

Feeding – Breast/Formula (Circle one)

**FAMILY HISTORY**

Please ✓ check each member that has the following condition:

Condition	Mother	Father	Grandmother	Grandfather	Grandmother	Grandfather
Asthma						
Diabetes						
Heart Disease						
Cancer						
High Blood Pres.						
Epilepsy						
Kidney Disease						
Hay Fever						
Food Rashes						
Rheumatic Fever						
Tuberculosis						
Other (List)						

Name of brother/sister (s)	Age

**Family Profile**

Child lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ Stepparent \_\_\_ Grandparent \_\_\_ Other Total adults in home: \_\_\_

Total children living in home: \_\_\_ Primary caretaker for this child: \_\_\_\_\_ Pets: \_\_\_\_\_

**Medical History**

- Is the child having any medical problems?  
 yes  no
- Prior medical problems?  
 yes  no

**PHYSICIAN REVIEW**

- Has parent family history/information sheet been reviewed?  
 yes  no
- Has parent provided medical records from previous Physician?  
 yes  no

**Family Medical/Social History**

- What is the overall health condition in the immediate family environment?  

Good Health      Poor Health
- Are there any current family issues that might be affecting the child? (Divorce, death, family problems, etc.)  
 yes  no
- Are there any current social issues that might be affecting the child? (Smoking/alcohol, school/daycare, sports, etc.)  
 yes  no
- Other findings: