



New Patient
Newborn to 11 years Old

*****Please give us a copy of immunizations/vaccines*****

Child's Name: _____ Date: _____ Date of Birth: _____

Who does the child live with (please provide names/relation and ages)? _____

PRENATAL HISTORY (Newborns- 6 yrs old)

While pregnant, did the mother have any issues such as high blood pressure, threatened miscarriage, premature Labor, gestational Diabetes, or any other issues? _____

Was any type of fertility treatment used for this pregnancy? YES/NO

If yes, what kind? _____

BIRTH HISTORY (Newborns-6 years old)

Where was the baby born: _____

Was labor induced? YES/NO Was labor helped by medication? YES/NO

Approximate duration of labor: _____

Was baby born early: (before 37 wks)? YES/NO Was baby born late: (after 42 wks)? YES/NO

Method of delivery: Vaginal___ Forceps/Vacuum___ Breech___ Caesarean___

Baby's weight at Birth: _____ Apgar score: _____

During the hospital stay, did the baby have any of the following:

Jaundice___ Antibiotic treatment(s)___ Other: _____

Did baby remain in the hospital longer than mother? YES/NO How is/was baby fed? Bottle___ Breast___

MEDICAL HISTORY

Please list any past or current MAJOR chronic conditions/illnesses (including developmental delays) and approximate dates: _____

Hospitalizations/Operations and approximate dates: _____

Date of last dental exam: _____ Date of last dilated eye exam: _____

Broken bones or severe injuries and dates: _____

Please list ALL medications, vitamins, herbs and supplements you presently take regularly or occasionally, prescription, and non-prescription. Include dose and frequency:



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Child's Name: _____ Date: _____ Date of Birth: _____

Please list any allergies and reactions to medications, supplements and/or vaccinations.

FAMILY HISTORY

What illnesses/diseases run in the family?

Mother: _____

Father: _____

Siblings: _____

Other: _____

SOCIAL HISTORY

If applicable, which school and grade is the child in? _____

If applicable, what organized sports or extra-curricular activities if any, does the child participate in?

Please list any issues in school. _____

Does anyone smoke around your child? YES/NO

Are there any cultural or religious practices that might affect your child's care? YES/NO

If yes, please explain: _____