



# PEDIATRICS NEW PATIENT HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ MRN#: \_\_\_\_\_

Accompanied by:  Mother  Father  Grandparent  Other \_\_\_\_\_

Chief complaint:  well child exam  sick with: \_\_\_\_\_

**Current habits:**

**Bowels:**  Brown  Yellow  Hard  Soft  Watery  Daily  With each feed  2-3 times/day

Every other day Feeding:  Regular meals  Picky eater  Formula  Breast \_\_\_\_\_ OZ every \_\_\_\_\_ hrs. brand \_\_\_\_\_

**Sleeping:**  Sleeps through the night  Wakes at night  Bedtime \_\_\_\_\_pm Vision:  No difficulty  Decreased vision

**Hearing:**  No difficulty  Decreased hearing Dentist:  Regular care  Never  As needed

**Past medical history:**

Newborn history:  Full term  Premature \_\_\_\_\_wks

- Mom's blood type  A  B  AB  O  Rh+  Rh-
- Mom was +/- for Hepatitis B +/- \_\_\_\_\_ GBS +/- \_\_\_\_\_ Chlamydia +/- \_\_\_\_\_ HIV +/- \_\_\_\_\_ Rubella +/- \_\_\_\_\_ PPD +/- \_\_\_\_\_
- Vaginal delivery  Cesarean section
- Prenatal complications \_\_\_\_\_
- Neonatal complications:  Jaundice  Sepsis  low sugar  antibiotics  feeding problem
- Hearing screen  Pass  Fail

Medical diagnosis: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Family History:**

	Diabetes	High Blood Pressure	High Cholesterol	Heart murmur	Kidney Failure	Cancer	Arthritis
Mom							
Dad							
Other							

**Social History:**

Day care:  None  Licensed  Relative  Home w/sitter  Private home

Smoking:  Smokers in home  Smokes  Cigarettes  Pot

Pets in Home:  Dog  Cat  Bird  Fish  \_\_\_\_\_ Other

Parents work:  At home  Outside home  Jail

Mom			
Dad			