

VILLAGE PEDIATRICS

NAME _____	Date of Birth _____	Date _____
M / F	Birth	

REASON FOR TODAY'S VISIT - _____

Previous medical care - Dr. _____ Dental Care Y / N _____ Eye Exam Y / N _____

PREGNANCY & BIRTH Mother's age at preg. _____
 Illness during pregnancy? Y/N _____
 Medications during preg.? Y/N _____
 (exclude vitamins) _____
 Smoking/alcohol/drugs during preg.? _____
 Was baby early/late/on-time? _____
 Type of delivery? _____ Weight _____
 Length _____ Apgars _____
 Complications? Y/N _____
 Breathing problems? Y/N Jaundice? Y/N
 Other: _____
 Problems in nursery or at home? _____

FAMILY MEDICAL HISTORY List only blood relatives. Use abbrev. (F)Father, (M)Mother, (B)Brother, (S)Sister, (MM)Mother's mother, (MF)Mother's father, (FM)Father's mother, (FF)Father's father, (A)Aunt, (U)Uncle, (C)Cousin

Anemia/Blood disorder _____ Epilepsy _____
 Asthma _____ Heart Disease _____
 Retardation _____ High Blood Pressure _____
 Drug prob. _____
 Alcoholism _____ High Chol. _____
 Cancer _____
 AIDS _____ Migraines _____
 Cystic Fibrosis _____ SIDS _____
 Musc Dyst. _____ Birth defects _____
 Tuberculosis _____ Early deafness _____
 Arthritis _____ Diabetes _____

PAST MEDICAL HISTORY
 Allergic Reactions? _____
 (ie: medicine, food, animals, insect bites...)
 Medicines taken on a regular basis? _____

 Immunizations - up to date? Y/N Record? Y/N
 Hospitalizations - (date/where/why) _____

 Serious injuries - (when/where) _____

DEVELOPMENT & BEHAVIOR Age at which child: _____

Sat alone _____ Walked _____ Bicycled _____
 Used sentences _____ Toilet trained _____
 Development compared to peers? _____
 Grade in school _____ Problems in school Y/N
 Learning problems? _____
 Getting along with peers? Y/N _____
 Behavior problems? _____ Bad habits _____
 Bedwetting? Y/N Sleep problems? Y/N
 Hobbies/sports/social activities? _____
 _____ smoking? Y/N drugs? Y/N

	Y	N		Y	N
Asthma			Chickenpox		
Eczema			Seizures		
Allergies			Hepatitis		
Hives			Vision prob.		
Anemia			Hearing prob		
Recurrent ear infections					
Throat infections					

FAMILY PROFILE
 Parents - Married? Separated? Divorced?
 Child lives with: _____
 Father's age? _____ Health? _____
 Mother's age? _____ Health? _____
 List child's siblings & their ages:

FEEDING & NUTRITION Food Allergies:
 Appetite usually good? Y/N _____
 Colic or Feeding prob during 1st 3 mos? Y/N
 Breast fed? Y/N number of months? _____
 Formula? Y/N Current brand? _____
 Vitamins? Y/N Type? _____ Fluoride? Y/N
 Special diet? Y/N _____

CHRONIC PROBLEMS:
