

Snellville Pediatrics, P.C.

New Patient History

Child's Name: _____ Sex M / F Birthday: _____

Birth History Questions

Where was the child born ? _____

Type of Deliver: Circle Vaginal Delivery Cesarean Section Breech Birth Multiple Birth

List any problems with the delivery: _____

Birth Weight: _____ Was baby full term: (37-40 wks) YES / NO If Preterm how many weeks? _____

List any complications with the pregnancy: _____

List any medications used during the pregnancy: _____

Type of feedings? Circle one Breast fed Bottle fed Breast and Bottle

Was PKU test performed: YES NO Before 48 hours After 48 hours Do not know

Was hearing test performed: YES NO If yes did the child pass? YES NO

Was child given HEP B shot? YES NO

Health History Questions

Please circle one

Has the child ever been hospitalized? YES NO Explain: _____

Has the child ever had surgery (including ear tubes)? YES NO Explain: _____

Does your child have any allergies: _____

Has the child had multiple wheezing episodes? YES NO Does the child have allergies? YES NO

Has the child had many ear infections? YES NO Has the child had chicken pox? YES NO

Is there any history of Hip Problems ? YES NO Has the child been diagnosed with ADHD? YES NO

Is there any history of cardiac problems ? YES NO Explain _____

Does the child have any chronic medical conditions? YES NO If YES, please explain _____

Has the child had any serious injuries (i.e. broken bones, head injury ? YES NO

Is the child currently on any Medications including HERBAL medications? YES NO If yes please list: _____

Is the child currently taking any over the counter medications: YES NO If yes please list: _____

Family Health History

Please circle one
Include parents and siblings

Heart disease before age 55? YES NO Who? _____ Epilepsy or convulsions YES NO Who? _____

Diabetes YES NO Who? _____ High Blood pressure? YES NO Who? _____

High Cholesterol? YES NO Who? _____ Mental Illness? YES NO Who? _____
(including depression)

List any other serious diseases: _____

Are any of the child's parents or siblings deceased? _____ If yes, what were the causes of their death, and how old were they when they died? _____

Social History Questions

Who lives in the house with the Child? _____

Please list names and ages of the siblings?

Name	Relationship	Age	Daycare/Preschool	Grade	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are the child's parents: *Please circle one* Married Divorced Single

Who is the primary caretaker: _____