

General Information

Patient's full name: _____

Patient's date of birth: _____

Nickname: _____

(Optional) Race: _____

Ethnicity: Hispanic Non Hispanic

Pregnancy and Delivery

Where was patient born? (hospital): _____

Is the patient yours by:

- Birth Adoption Stepchild
- Foster child IVF Donor egg
- Donor sperm Other _____

Pregnancy:

Any medications taken during pregnancy:

- None Prenatal vitamins
- Other _____

Length of pregnancy: _____ weeks

Please indicate any complications during pregnancy:

Ultrasounds: Normal Abnormal

Describe any abnormalities: _____

Amniocentesis? Yes No Why and results? _____

Mother's blood type: _____ Patient's blood type: _____

Labor: Spontaneous

Induction (Method and why?): _____

Length of labor: _____

Delivery:

Vaginal Caesarian Section Breech

Birth weight: _____ Birth length: _____

Apgar scores: _____ / _____

Please indicate any complications:

Routine Newborn Care

Hepatitis B Vaccine Yes No

Vitamin K Injection Yes No

Erythromycin Eye Ointment Yes No

If no to any of the above, please explain: _____

Hearing Screen Pass Fail

Feeding Breast Formula Both

Family Social History

Who lives at home with patient? (Include parents, siblings, grandparents, step-family members, etc.)

Household #1

Name _____ Age _____ Relationship _____

Household #2

Name _____ Age _____ Relationship _____

If patient spends time in two households, describe custody arrangements (50/50, etc): _____

Parent #1 occupation: _____

Parent #1 employer: _____

Parent #2 occupation: _____

Parent #2 employer: _____

Exposures:

Any family members smoke (inside or outside)?

Yes No

Firearms in the home? Yes No

If yes, are they safely stored? Yes No

Family History: Please indicate using the following key any family members who at any time in their lives have been diagnosed with any of these conditions. Please indicate if any family members have died from any of these conditions.

KEY-PLEASE USE THE FOLLOWING IDENTIFIERS FOR FILLING OUT THE FAMILY HISTORY

Mother = Mother of Patient	Brother = Brother of Patient	Grandfather = Patient's Grandfather	Aunt = Mother or Father's Sister	Cousin = Cousin of Patient
Father = Father of Patient	Sister = Sister of Patient	Grandmother = Patient's Grandmother	Uncle = Mother or Father's Brother	

Mother's Family History

ADHD _____
 Alcoholism/Substance abuse _____
 Allergies _____
 Alzheimer's _____
 Anemia _____
 Anxiety _____
 Asthma _____
 Childhood asthma _____
 Arthritis _____
 Autism _____
 Autoimmune diseases _____
 Bipolar disorder _____
 Birth defect _____
 Bladder problems _____
 Bleeding disorders _____
 Blood diseases _____
 Cancer (Type) _____
 Celiac _____
 COPD _____
 Developmental disabilities _____
 Depression _____
 Suicide _____
 Diabetes _____
 Eating disorder _____
 Educational difficulties _____
 GI disorders (Reflux, Colitis, Crohn's) _____
 Hearing loss _____
 Heart disease _____
 Heart arrhythmia (Prolonged QT, SVT) _____
 High blood pressure _____
 High cholesterol _____
 Hip dysplasia _____
 Kidney disease _____
 Lazy eye (Strabismus) _____
 Melanoma _____
 Mental illness _____
 Migraine headaches _____
 Obesity/Overweight _____
 Renal reflux _____
 Rheumatological disease _____
 Scoliosis _____
 Seizures _____
 Epilepsy _____
 Stroke _____
 Sudden cardiac death _____
 Sudden unexplained death _____
 Thrombosis (Blood clot) _____
 Thyroid disease _____
 Other _____

Father's Family History

ADHD _____
 Alcoholism/Substance abuse _____
 Allergies _____
 Alzheimer's _____
 Anemia _____
 Anxiety _____
 Asthma _____
 Childhood asthma _____
 Arthritis _____
 Autism _____
 Autoimmune diseases _____
 Bipolar disorder _____
 Birth defect _____
 Bladder problems _____
 Bleeding disorders _____
 Blood diseases _____
 Cancer (Type) _____
 Celiac _____
 COPD _____
 Developmental disabilities _____
 Depression _____
 Suicide _____
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