



Child's Name _____ Birthdate _____ Today's Date _____

Your child's overall health, as well as any medications your child takes could have an important interrelationship with the care your child receives. Please answer each of the following questions completely.

SOCIAL INFORMATION

Please check any problems your child currently has or has ever had.

Table with 4 columns: Problem, YES, NO, Problem, YES, NO. Includes items like Thumb Sucking, Toilet Training Problems, Developmental Delays, etc.

PREGNANCY/BIRTH HISTORY

Child's birth weight _____ Delivery: [] Vaginal [] C-section (elective or emergency)
Was your child born more than two weeks early or late? [] Yes [] No
Was your child breastfed? [] Yes [] No Age discontinued _____
Did the mother use cigarettes, alcohol, drugs or medications during pregnancy? [] Yes [] No

PAST MEDICAL/SURGICAL HISTORY

Has your child ever had?

Table with 6 columns: Problem, YES, NO, Problem, YES, NO, Problem, YES, NO. Includes items like Mumps/Measles, Abnormal Bleeding, Sexually Transmitted Disease, etc.

Please explain any medical problems that your child has had _____

PAST MEDICAL/SURGICAL HISTORY (continued)

Please list any hospitalizations, serious and or unusual illness which your child has experienced.

Date	Hospitalization/Illness	Hospital/Physician	City/State
_____	_____	_____	_____
_____	_____	_____	_____

MEDICATIONS

Please list all medications your child currently takes.

Date	Medications/Strength	Frequency	Condition
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES

Please list all allergies, sensitivities, and/or reactions to any drugs.

PHARMACY INFORMATION

Preferred Pharmacy _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my child's health. It is my responsibility to inform the doctor's office of any changes in my child's medical status. I also authorize the healthcare staff to perform the necessary services my child needs.

Signature of parent/guardian Date