

PATIENT HISTORY

Patient Name: _____ DOB: ___/___/___ Sex: M / F Date: ___/___/___
Address: _____ Phone: _____
Parent(s) Name: _____ Phone(s): _____
Parent(s) Occupation/Employer: _____ Work Phone: _____
Insurance: _____ Number: _____
Race: Caucasian ___ Hispanic ___ Asian ___ African American ___ Native American ___

SOCIAL HISTORY

Birth Place: _____ BWT: _____ L: _____
Type of Delivery: VAG: ___ C- Section: ___ Ges. Age: _____ Full Term: ___ Other: ___
Problems of Newborn: _____
HBV in Hospital: _____ Newborn Enzyme Screening (PKU): _____
Feedings: _____ Repeat: _____
Hospitalizations: _____
Diseases: _____

Immunizations: _____ Incomplete - UTD - Records at Home _____ Allergies: _____

DEVELOPMENT

1 year old - walking _____ Words _____ Grade in school _____

SOCIAL HISTORY

At Home ___ Daycare ___ Babysitter ___ (In group of how many ___)

FAMILY HISTORY

Mother's Age: _____ Health: _____ Smoker: Y / N
Father's Age: _____ Health: _____ Smoker: Y / N

Siblings:

Age: _____	Sex: M / F	Health: _____
Age: _____	Sex: M / F	Health: _____
Age: _____	Sex: M / F	Health: _____
Age: _____	Sex: M / F	Health: _____
Age: _____	Sex: M / F	Health: _____
Age: _____	Sex: M / F	Health: _____