

Name: _____ DOB: _____ Date: _____

Health History (Newborn or New Patient)

Mother's name: _____ Age: _____ Occupation: _____

Father's name: _____ Age: _____ Occupation: _____

Child lives with: Mother _____ Father _____ Other _____

How many other children under the age of 18 live in the house? _____

Ages of other children in home: _____

Who else cares for your child regularly? _____

Have there been any important changes in your family recently (other than the birth of your infant if this is a newborn)? _____

Do you have any concerns about being able to meet the basic safety needs of your infant/child (such as adequate food, shelter, heat or transportation)?

No _____ Yes (please explain) _____

Have you had any experience with or concerns about domestic violence? No _____ Yes _____

Do you or a family member have a history of alcohol or drug problems? No _____ Yes _____

Past Medical History

Was your child full term? No _____ Yes _____ If no, how early was he/she born? _____

Has your child been in the hospital since he/she was born? No _____ Yes _____
If yes, please list reason _____

Has your child ever had surgery? No _____ Yes _____ If yes, list reason _____

Does your child have a significant illness? No _____ Yes, explain _____

Does your child take daily medication? If yes, please list _____

Is your child allergic to anything? No _____ Yes _____

Drugs (list) _____

Food allergies (list) _____

Seasonal or environmental allergies (list) _____

Do you have any concerns about your child? If yes, please explain _____

Family Health History

Is there a history of diabetes in your family? No _____ Yes _____
If yes, please list the relationship to the child and age of onset _____

Is there a history of early heart disease (before the age of 50) or stroke in your family?
No _____ Yes _____ If yes, please list the relationship to the child and what
type of problem _____

Are both parents in good health? No _____ Yes _____ If no, please
explain _____

Signature of person filling out form: _____
Your relationship to the child: _____