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NEW PATIENT INFORMATION SHEET

NEWBORNS TO AGE 1

Please complete this form carefully and thoroughly. If there are any questions you do not understand, please ask a staff member or physician for assistance. If you would like to inform the doctor of any additional information, please make sure to note the information on this form.

Patient's name:	Patient's Date of birth:
Name of parent or person completing this form:	
How were you referred to this office?	

PREGNANCY AND BIRTH

Mother's age at time of birth:	Is this your first child?	
Did mother have any illness during pregnancy? If Yes, please explain.	Y	N
Did mother take any medications other than vitamins/iron? If Yes, please explain.	Y	N
Was the baby delivered on time? If not, please explain.	Y	N
Did the baby have trouble starting to breathe?	Y	N
What was baby's birth weight?	Apgars (if known):	
Did baby have any problems while in the hospital? If yes, please explain.	Y	N
Please add any additional information you wish to provide about the pregnancy and birth.		

FAMILY HISTORY

Are the child's parents both in good health? If no, please list each health concern and which parent it applies to.	Y	N

Has the child or any family member had any of the following illnesses?	Child		Family		If yes, please indicate who.
Anemia	Y	N	Y	N	
Asthma	Y	N	Y	N	
Allergies	Y	N	Y	N	
Diabetes	Y	N	Y	N	
Heart Trouble/Murmur	Y	N	Y	N	
Tuberculosis	Y	N	Y	N	
Mental Illness	Y	N	Y	N	
Drug Problem	Y	N	Y	N	

Alcohol Problem	Y	N	Y	N	
Inherited Illness	Y	N	Y	N	
Cancer	Y	N	Y	N	
Eye Problems	Y	N	Y	N	
Frequent Ear Infections	Y	N	Y	N	
Problems with Urination	Y	N	Y	N	
Problems with Diarrhea or Constipation	Y	N	Y	N	
Seizures	Y	N	Y	N	
AIDS	Y	N	Y	N	
Other	Y	N	Y	N	

Are the child's siblings in good health? If no, please explain.	Y	N
Have any of your children died? If yes, please explain.	Y	N
Please add any additional information you wish to provide about child's family history.		

SAFETY ENVIRONMENT

Please check your type of residence: ☐ Private home ☐ Apartment ☐ Mobile home ☐ Other		
Is the hottest temperature of the water in your home less than 120 degrees?	Y	N
Is there a working smoke alarm on each floor in the house?	Y	N
Does your child always use a car seat or seat belt when riding in a car?	Y	N
Are there any smokers in the household?	Y	N
Are there any problems with the condition of your home? (insects, rats, peeling paint, etc.)	Y	N
Do you have a record of your child's immunizations?	Y	N
Please add any additional information you wish to provide about your child's safety environment.	Y	N

CURRENT CONCERNS

Are there any concerns about your child's health?	Y	N
Are there any concerns about your child's development?	Y	N

THANK YOU.