PREMIER PEDIATRICS NEW PATIENT HISTORY FORM

Name: _______________________________________            Date: ___________________________

Form filled out by:                    Mom                    Dad                    Legal Guardian

Past Medical History:

Birth History:        Vaginal delivery        C-section        Weight: _____           Premature: ____ Wks.         NICU stay: ____Wks.

Any delivery complications?        No        Yes: ____________________________________________________________

Abnormal Health History?            No        Yes: ____________________________________________________________

Overnight Hospital stays?           No        Yes: ____________________________________________________________

Any surgery?                                   No        Yes: ____________________________________________________________

Any Developmental delay?          No        Yes: ____________________________________________________________

Any known allergies?                    No        Yes: ____________________________________________________________

On any medications now?           No        Yes: ____________________________________________________________

Psycho-Social Stressors?              No        Yes: ____________________________________________________________

Family History: Any significant health problems in the family (Mom, Dad, Grandparents)?

    No        Yes: ____________________________________________________________________________________

Social History: Biological child        Adopted        Foster care        Group home: _____________________________

    Daycare        School: _____ Grade        Homeschool: _____ Grade        Smoking inside the house/car

    Lives with:        Mom        Dad        Grandparents        Foster Parents        Other: _____________________________

    Has this child ever been removed from home (been in foster care)?              No        Yes: _____________________

Anything else we should know?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Parent/Guardian Name: ______________________________         Signature: ___________________________