RRR- ©

REMINDER-
PLEASE MAKE SURE YOU BRING YOUR INSURANCE CARDS ON ALL VISITS

NAME: ______________________________ DATE OF BIRTH: ______________

PATIENT **MEDICAL HISTORY**

PREGNANCY

WAS THE PREGNANCY NORMAL ? __ YES __ NO __
IF NO, WHAT PROBLEMS WERE THERE ______________________________

MEDICATIONS TAKEN DURING PREGNANCY ______________________________
WAS BABY FULL TERM ? __ YES __ NO PREMATURE __ YES __ NO
HOSPITAL BORN AT ______________________________
WAS DELIVERY NORMAL ? __ YES __ NO
IF NO WHAT PROBLEMS OCCURRED ______________________________

VAGINAL DELIVERY ______ C-SECTION ______
BABY'S BIRTH WEIGHT _____ POUNDS _____ OUNCES
DISCHARGE WEIGHT _____ POUNDS _____ OUNCES

NURSERY COURSE

DID BABY COME HOME FROM HOSPITAL WITH YOU ? ___YES ___NO
DID BABY HAVE ANY PROBLEMS IN NURSERY ? EXPLAIN IF YES

BREAST FEEDING ________ FORMULA FEEDING ____________

PAST HISTORY

HOSPITALIZATIONS: ______________________________

ALLERGIES: ______________________________

MEDICATIONS: ______________________________

PAST ILLNESSES: ______________________________

OTHER INFORMATION WHICH MAY INFLUENCE TREATMENT OR EVALUATION OF YOUR CHILD : ______________________________

SPECIAL CONCERNS REGARDING YOUR CHILD : ______________________________

FAMILY HISTORY

	AGE	FAMILY DISEASES OR PROBLEMS
FATHER		
MOTHER		

SIBLINGS	NAME	MEDICAL PROBLEMS

ANY OTHER INFORMATION WHICH YOU WOULD LIKE TO PROVIDE FOR US

____

(COMPLETED BY - SIGNATURE, RELATION TO PATIENT) **(DATE)**