

Associates in Pediatric and Adolescent Medicine

NEWBORN PATIENT HISTORY

PATIENT'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hospital: \_\_\_\_\_ OB/GYN: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Birth History**

Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. (Circle One) Vaginal Delivery C/S Adopted

Illness during pregnancy: \_\_\_\_\_

Problems after delivery:  
\_\_\_\_\_  
\_\_\_\_\_

Nutrition: Breast \_\_\_ Formula \_\_\_ Both \_\_\_

**Family History**

Allergic Rhinitis/Hay Fever/"Sinus"	Y	N	Asthma	Y	N
Atherosclerosis (Cholesterol > 240)	Y	N	Hypertension	Y	N
Diabetes	Y	N	Lazy Eye (Strabismus)	Y	N
Hearing Problems (Congenital)	Y	N	Seizures	Y	N
Kidney Disease	Y	N	Bleeding Problems	Y	N
Migraine Headaches	Y	N	Mental Illness	Y	N
Depression	Y	N	Anxiety	Y	N

Learning Problems (ADHD/ Processing/Dyslexia) Y N

Heart Attacks (MI) Strokes (CVA)/Heart Problems under 55 years Y N

Please explain **ALL Yes** answers: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Social History**

Pets? Y N If Yes, what kind? \_\_\_\_\_ Smokers in home? Y N

Patient lives with: Both Parents Mother Father Other: \_\_\_\_\_