

SOUTHDALE PEDIATRIC ASSOCIATES, LTD.**NEW PATIENT HISTORY**

Parent/Father _____
 Occupation _____
 Work Phone _____ Cell Phone _____
 Parent/Mother _____
 Occupation _____
 Work Phone _____ Cell Phone _____
 Referred by: _____
 Foster Parent Name _____

CHILD' S BIRTH HISTORY

Hospital of Birth _____
 Number of Previous Pregnancies _____
 Birth Weight _____
 Premature _____ Full Term _____
 Problems with this pregnancy, labor or delivery _____

 Problems in the nursery _____

CHILD' S PAST MEDICAL/DEVELOPMENTAL HISTORY

Congenital Problems _____

 Hospitalizations _____

 Operations _____

 Injuries _____

 Serious Infections _____

 Other Medical Problems _____

 Developmental Problems _____

 School Problems _____

 Allergies: _____

 Chickenpox (approximate age) _____

Child' s
 Last Name _____ First Name _____
 Home Phone _____ Birthdate _____
 Address _____
 City _____ State _____ Zip _____

ADOPTED CHILD' S PRE-ADOPTION HISTORY

Adoption Agency: _____
 Country of Origin: _____
 Age when Adopted: _____
 Birth Family' s Medical History _____

 Birth History _____
 Medical Problems Prior to Adoption _____

OTHER CHILDREN IN FAMILY

First Name	Birthdate	Medical Problems
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children not living _____
 Cause of death _____

FAMILY HISTORY (include parents, grandparents, siblings and close relatives)

Birth Defects _____
 Bleeding Problems _____
 Juvenile Diabetes _____
 Seizures _____
 Heart Disease (note approx age of onset) _____

 High Blood Pressure _____
 Stroke _____
 High Cholesterol (>240 mg/dl) _____
 Allergies _____
 Asthma _____
 Mental Illness _____
 Attention Deficit Disorder _____
 Learning Problems _____
 Alcohol or Drug Abuse _____
 Genetic Diseases _____
 Migraines _____
 Obesity _____
 Kidney Disease/Urinary Reflux _____
 Thyroid Problems _____
 Other _____