South Lake Pediatrics
Past Health and Family History (Birth to 12 months)

PATIENT NAME:_____M_____F_____DATE:_____

DATE OF BIRTH_____COMPLETED BY: _____

Welcome to South Lake Pediatrics. Please complete this form as thoroughly as possible; it will provide us with valuable information about your child and his/her health.

Mother's Obstetrician: _____

City/State: _____

Other physicians your child has seen: _____

PREGNANCY HISTORY:	yes	please explain
Treatment for infertility	____	_____
Medications	____	_____
Infections/fever	____	_____
X-ray/ultrasounds/chromosome studies	____	_____
High blood pressure or toxemia	____	_____
Chemical use	____	_____
Gestational diabetes	____	_____
Anything else that you would like us to know	____	_____

BIRTH HISTORY

Delivery: (circle) Full Term Premature/Gestational age____ Birth weight____

OFC____ Length____

Vaginal C-section, reason: _____

Complications _____

NEWBORN HISTORY:

Any complications or concerns soon after birth: (fevers, breathing problem, low sugar, jaundice etc)

_____

CHILD'S HISTORY:	yes	please explain:
Allergies (medication, food, environment)	____	_____
Asthma	____	_____
Chicken Pox	____	_____
Ear Infections	____	_____
Injuries Requiring Medical Attention	____	_____
Hospitalizations	____	_____
Surgical Procedures/Operations	____	_____
Developmental Delay (language, movement)	____	_____

Anything else that you would like us to know? _____

– OVER –

PLEASE COMPLETE BOTH SIDES

FAMILY HISTORY:

Condition **Patient was adopted Yes____ No____**	Mom	Dad	Sibling	Maternal Grandfather	Maternal Grandmother	Paternal Grandfather	Paternal Grandmother	Other	**Notes** **IF CHECKED: ADD DETAILS**
Allergies (meds, food, environment)									
Anesthesia reactions									
Asthma									
Birth defects									
Bladder/kidney disease or infections									
Bleeding/ clotting disorders									
Bowel (ulcer, colitis)									
Cancer (type)									
Diabetes Mellitus									
Ear problems/ infections									
Eczema/ skin conditions									
Hearing problems									
Heart problems (heart attack, murmur)									
High blood pressure/ stroke									
High cholesterol									
Hip Dysplasia or other orthopedic issues									
Learning Disabilities/ Developmental Delays									
Lung problems (CF, tuberculosis)									
Obesity									
Seizure disorder									
Sickle Cell									
Thyroid problems (high or low)									
Vision problems (blind, lazy eye)									
Any other condition or unusual diseases not mentioned									
Behavioral/Mental Health:									
ADHD									
Anxiety									
Bipolar or mood disorder									
Chemical abuse/dependency									
Depression									
Schizophrenia									
Other									

Patient lives with: (circle): mom dad siblings grandparent Legal Guardian _____

For Southlake Pediatrics only: Reviewed by (Clinician)_____Date_____Data entered into ECW_____