



# Pediatrx

"We Care For Kids"

## PEDIATRIC NEW PATIENT RECORD

Date \_\_\_\_\_ Chart # \_\_\_\_\_

Dear Parents: Welcome to *Pediatrx*. Please complete this form, as it is a requirement for all patients new to our practice.

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_

Drug Allergies (if any): \_\_\_\_\_

Date of child's last well-child examination: \_\_\_\_\_

Do you vaccinate your child? (Y/N) \_\_\_\_\_ If no, please explain why not: \_\_\_\_\_

### SECTION A: PATIENT HISTORY

#### 1. PREGNANCY, LABOR, BIRTH AND FIRST WEEK OF LIFE:

A. Did you experience any unusual illnesses or complications during pregnancy? (Y/N) \_\_\_\_\_  
If yes, please list: \_\_\_\_\_

B. Where was your child born? Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

C. Was your child born pre-term? (Y/N) \_\_\_\_\_ If yes, how many weeks? \_\_\_\_\_

D. What was your child's birth weight? \_\_\_\_\_ lbs \_\_\_\_\_ oz.

E. Did your child have any unexpected hospitalizations during the first week of life? (Y/N) \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

#### 2. ILLNESSES, ALLERGIES AND DEVELOPMENT:

A. Does your child suffer from any chronic conditions? (Y/N) \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

B. Does your child have any special needs? (Y/N) \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

C. Has your child ever been hospitalized? (Y/N) \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_