



Pediatrics

"We Care For Kids"

PEDIATRIC NEWBORN RECORD

Dear parents: Welcome to our office. Please complete this form, as it will help us learn more about your child and give your child a better examination.

Child's Name: _____ Birth date: _____

Was your child seen in the hospital by one of our physicians? (Y/N) _____

SECTION A: CURRENT INFORMATION

1. List any questions or problems that concern you: _____

2. FEEDING: Breast (Y/N) _____ Formula (Y/N) _____ Brand of formula _____

a. Is your child taking vitamins? (Y/N) _____ If yes, what type? _____

b. Is your child taking supplemental iron? (Y/N) _____

SECTION B: PAST HISTORY

1. Did you experience any unusual illness or complications during pregnancy? (Y/N) _____

If yes, please explain: _____

2. Where was your baby born? Hospital ____ Clinic ____ Home ____ Other ____

3. Name of doctor or midwife who delivered your baby: _____

4. What was your baby's birth weight? _____ lbs _____ oz.

5. Did your baby experience difficulties during the newborn period? (Y/N) _____

If yes, please explain: _____

SECTION C: FAMILY HISTORY

1. Is this child's father living? (Y/N) ____ Age? ____ In good health? (Y/N) ____

Is this child's mother living? (Y/N) ____ Age? ____ In good health? (Y/N) ____

2. Number of other children in family: ____ Ages of children? _____

3. Are your other children in good health? (Y/N) _____

If no, please explain: _____

4. Do any family members have a history of diabetes, convulsions, tuberculosis, asthma, allergies, migraines, developmental delays, recurring ear infections, or anemia? (Y/N) ____ If yes, please circle.

5. Please list any additional medical conditions in your family not listed above: _____

6. Are there significant family or marital problems? (Y/N) _____

7. Are there significant problems in income, housing, or sleeping arrangements for your child? (Y/N) ____ Other problems? (Y/N) ____ If yes, please explain: _____

8. Last grade in school completed by mother: _____ by father: _____

9. Do the adults in the family usually agree on the rearing of the child? (Y/N) _____