Pediatrix

"We Care For Kids"

PEDIATRIC NEW PATIENT RECORD Date _____ Chart # _____

Dear Parents: Welcome to ***Pediatrix.*** 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: _____

D. Has your child had any surgeries? (Y/N) _____
If yes, please explain: _____

E. Does your child have any allergies other than drug allergies? (Y/N) _____
If yes, please explain: _____

F. As far as you know, is your child's development normal? (Y/N) _____
If no, please explain: _____

SECTION B: FAMILY HISTORY

1. Is this child's mother living? (Y/N) _____ Age: _____ In good health? (Y/N) _____

2. Is this child's father living? (Y/N) _____ Age: _____ In good health? (Y/N) _____

3. Number of children in family: _____ Ages: _____

4. Are this child's siblings in good health? (Y/N) _____
If no, please explain: _____

5. Is there a family history of any type of illness or disease? (Y/N) _____
If yes, please explain: _____

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

7. Are there significant problems in income, housing, or sleeping arrangements? (Y/N) _____
Please list any additional problems: _____

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

9. Do the adults in the family usually agree on the rearing of this child? (Y/N) _____
If no, please explain: _____
_____

PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORD TO THE OFFICE VISIT