



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

- List any questions or problems that concern you: _____

- FEEDING: Breast (Y/N) _____ Formula (Y/N) _____ Brand of formula _____
 - Is your child taking vitamins? (Y/N) _____ If yes, what type? _____
 - Is your child taking supplemental iron? (Y/N) _____

SECTION B: PAST HISTORY

- Did you experience any unusual illness or complications during pregnancy? (Y/N) _____
If yes, please explain: _____
- Where was your baby born? Hospital ___ Clinic ___ Home ___ Other ___
- Name of doctor or midwife who delivered your baby: _____
- What was your baby's birth weight? _____ lbs _____ oz.
- Did your baby experience difficulties during the newborn period? (Y/N) _____
If yes, please explain: _____

SECTION C: FAMILY HISTORY

- 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) ___
- Number of other children in family: ___ Ages of children? _____
- Are your other children in good health? (Y/N) _____
If no, please explain: _____

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

- Are there significant family or marital problems? (Y/N) _____
- Are there significant problems in income, housing, or sleeping arrangements for your child? (Y/N) ___ Other problems? (Y/N) ___ If yes, please explain: _____

- Last grade in school completed by mother: _____ by father: _____
- Do the adults in the family usually agree on the rearing of the child? (Y/N) _____