

# Promise Pediatrics

## MEDICAL INFORMATION

DATE- \_\_\_\_\_

### PREGNANCY AND BIRTH

Mother's age at pregnancy? \_\_\_\_\_  
During pregnancy did mother  
Have any illness Yes No  
Smoke, alcohol, street drugs Yes No  
Was baby born early, late, on time? (Circle one)  
Type of delivery? Vaginal or Cesarean section  
Birth Weight \_\_\_ lbs \_\_\_ ozs Length \_\_\_\_\_ In  
Complications? Yes No  
Did baby have problems at birth? Yes No  
Hospital baby born at \_\_\_\_\_  
Time of Birth \_\_\_\_\_ a.m. p.m.

### FAMILY PROFILE

Are parents married separated divorced  
Fathers age \_\_\_\_\_ Mothers age \_\_\_\_\_  
Names of brothers and/or sisters and ages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHILD'S PAST MEDICAL HISTORY

Any allergic reactions to  
Medication Yes No  
Animals Yes No  
Take Medication on regular basis? Yes No  
Are immunizations up to date? Yes No  
Do you have a shot record? Yes No  
Has child had any of the following illnesses?  
Chicken Pox Yes No  
Asthma/Wheezing Yes No  
Bleeding tendency Yes No  
Recurrent ear infections Yes No  
Measles Yes No  
Seizures Yes No  
Hospitalizations other than at birth? Yes No  
Any serious injuries? Yes No

### FEEDING AND NUTRITION

Does child have food allergies? Yes No  
Was child breastfed? Yes No  
Fluoride? Yes No  
Was child on formula? Yes No  
Brand? \_\_\_\_\_  
Does child have a special diet? Yes No

### FAMILY MEDICAL HISTORY

Has anyone in family had the following:  
Asthma/allergies Yes No  
Tuberculosis Yes No  
Eye problems Yes No  
Diabetes Yes No  
Heart disease Yes No  
High blood pressure Yes No  
Lung disease Yes No  
Stomach disorders Yes No  
Kidney/Bladder problems Yes No  
Arthritis/Multiple Sclerosis Yes No  
Cancer Yes No  
Bleeding disorder Yes No  
Seizures Yes No  
Mental retardation Yes No  
Anesthesia problems Yes No  
Scarring problems Yes No  
Sexually transmitted disease Yes No

Patient name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Account # \_\_\_\_\_  
Mother's Social Security Number \_\_\_\_\_