

**BOONSLICK PEDIATRICS INFANT NEW PATIENT HISTORY**

**PLEASE COMPLETE EACH LINE WITH EITHER A RESPONSE OR "NONE"**

DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_  
PATIENT RESIDING WITH: \_\_\_\_\_

**BIRTH HISTORY:**

Mother's Age at date of birth: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Number of Pregnancies: \_\_\_\_\_  
Mother's Blood Type (if known): \_\_\_\_\_ Infant's Blood Type (if known): \_\_\_\_\_ Complications of  
Pregnancy: \_\_\_\_\_  
Birth Hospital: \_\_\_\_\_ Obstetrician: \_\_\_\_\_  
Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_  
Group B Strep Culture Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_  
Type of Delivery: Vaginal \_\_\_\_\_ C-Section \_\_\_\_\_  
Delivery Complications: \_\_\_\_\_  
Newborn Infant Problems: \_\_\_\_\_

**MEDICAL HISTORY SINCE BIRTH:**

Hospitalizations: Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Surgeries: Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_  
Current Medications and Dosage:  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Formula: \_\_\_\_\_ Previous: \_\_\_\_\_ Reason For Discontinuation: \_\_\_\_\_

**CHILD'S FAMILY HISTORY: (Your Child's Siblings)**

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Please list below any illnesses experienced by parents, grandparents, or siblings such as Allergies, Arthritis, Asthma, Birth Defects, Bleeding Tendencies, Blood Disease, Cancer, Diabetes, Eczema, Emphysema, Epilepsy, Heart Attack, Heart Defect, Heart Disease, High Blood Pressure, Gastrointestinal Disease, Kidney Disease, Liver Disease, Mental Disorder, Developmental Delay or Learning Disability, Thyroid Disease, Others. Indicate which relative has what type of illness. For example: "Grandmother (indicate if this is Mom's mom or Dad's mom or Mom's grandma or Dad's grandma)- Lung Cancer or Sister (Baby's sister)- asthma..."

Relationship: \_\_\_\_\_ Disease: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Disease: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Disease: \_\_\_\_\_