

**NEW PATIENT INFORMATION**  
**(INFORMATION WILL BE STRICTLY CONFIDENTIAL)**

Child's full *legal* name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's medical history:

1. Any allergies to medicines? (list) \_\_\_\_\_
2. Other allergies? (list) \_\_\_\_\_
3. Hospitalizations? (list reason and age): \_\_\_\_\_  
\_\_\_\_\_
4. Surgeries? (list reason and age): \_\_\_\_\_  
\_\_\_\_\_
5. Check any of the following that apply:  

___ asthma	___ high blood pressure
___ behavioral problems	___ kidney disease
___ cancer	___ Psychiatric illness
___ convulsions	___ recurrent ear infections
___ diabetes	___ urinary tract infections

other chronic problems: \_\_\_\_\_
6. Was the child born on time (within 3 weeks)?    \_\_\_yes    \_\_\_no  
If NO, how early? \_\_\_\_\_
7. Birth weight: \_\_\_\_\_
8. Problems while in the newborn nursery?    \_\_\_yes    \_\_\_no  
If YES, specify: \_\_\_\_\_
9. Problems as an infant?    \_\_\_yes    \_\_\_no  
If YES, specify: \_\_\_\_\_
10. Has the child's development seemed normal?    \_\_\_yes    \_\_\_no  
If NO, specify: \_\_\_\_\_

**FAMILY AND SOCIAL HISTORY:**

1. Parents are:    \_\_\_married    \_\_\_single    \_\_\_separated    \_\_\_deceased  
                     \_\_\_divorced and single    \_\_\_divorced and remarried
2. List names and date of birth of other children living at home. (include last names if different and note if from a previous marriage or adopted.):  
A. \_\_\_\_\_ B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_  
E. \_\_\_\_\_ F. \_\_\_\_\_
3. List names and date of birth of other children NOT living at home. (include last names if different and note if from a previous marriage or adopted.):  
A. \_\_\_\_\_ B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_  
E. \_\_\_\_\_ F. \_\_\_\_\_
4. Adults, other than parents, living at home. (include relationship, if any.)  
A. \_\_\_\_\_ B. \_\_\_\_\_