

# NEW PATIENT MEDICAL HISTORY – Newborn to 6 months

*Pediatrics of Sugar Land - Phone: 281-265-8800 Fax: 281-265-1770*

**THIS FORM MUST BE COMPLETED AND RETURNED BEFORE 1<sup>ST</sup> VISIT  
WE DO REQUIRE IMMUNIZATION RECORDS BEFORE WE CAN ADMINISTER ANY VACCINES**

The following is **very important** to your child's health. Please complete it **accurately** and **completely**.

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Where was your child born? \_\_\_\_\_ Is child adopted or fostered? Y \_\_\_ N \_\_\_

Has your child **ever** previously been seen by any of the doctors **in this practice**? Y \_\_\_ N \_\_\_

In this **FAMILY** medical history – if you answer **YES** – please check off which **BIOLOGICAL RELATIVE** has the condition  
Mother, Father, Sibling, Maternal Grandmother, Maternal Grandfather, Paternal Grandmother, Paternal Grandfather  
List or explain condition if possible.

FAMILY – PAST MEDICAL HISTORY	NO	YES	If YES - Please check which biological relative							
			Mom	Dad	Sib	Maternal Gr Mth	Maternal Gr Fth	Paternal Gr Mth	Paternal Gr Fth	
Nasal allergies or other allergies										
Asthma/lung disease										
Heart disease or heart condition										
High blood pressure										
High cholesterol										
Diabetes or other endocrine problem										
Cancer										
Anemia										
Bleeding disorders										
Epilepsy or convulsions										
Mental retardation or developmental disorders										
Neurological disorder including ADHD/ADD										
Liver disease										
Other GI disease / disorder										
Kidney disease										
Bed-wetting (after age 10)										
Hearing impairment										
Vision impairment or eye disorder										
Immune problems, recurrent infections or HIV-AIDS										
Alcohol Abuse										
Drug Abuse										
Mental Illness										
Tuberculosis										
Other issues:										
SOCIAL HISTORY			No	Yes						
Lives with both mother and father in same house										
Non-intact home - give custody status					Lives with:					
Does non-custodial parent have visitation rights?										
Are there Siblings?					Live in same house?					
Are there pets in the home?										
Are there guns in the home?										
Are guns locked and kept separate from ammunition?										
Other issues:										

Birth Weight: _____ lb _____ oz      Birth Length: _____ inches      Head Cir _____ Chest _____			
<b>NEWBORN HISTORY – while in hospital</b>	<b>No</b>	<b>Yes</b>	<b>If YES - explain</b>
Resuscitation at delivery (needed help to start breathing/crying)			
Premature infant			
Did NOT get vitamin K and / or eye prophylaxis			
Feeding: Breast milk or formula? Or both?			Formula Type:
Hypoglycemia (low blood sugar)			
Hypothermia (low temperature)			
Sepsis screening labwork (to check for infection)			
Elevated Bilirubin (jaundice)			
Circumcision			
Delayed passage of first bowel movement			
Heart Murmur			
Breathing problems			
Needed oxygen or help breathing			
Needed antibiotics while in nursery			
Apnea (stopping breathing)			
Needed head ultrasound			
Needed ophthalmologic (eye) exam			
Was HEP B given in Hospital?			
Was Newborn Hearing done in Hospital			Pass or Did not Pass
Other issues:			
<b>MOTHERS PRENATAL HISTORY</b>	<b>No</b>	<b>Yes</b>	<b>If Yes - explain</b>
Was this an assisted conception (had to have help getting pregnant)?			
Was this a High-Risk Pregnancy?			
Did you have Amniocentesis / CVS?			
Did you have little or late prenatal care?			
Did you use alcohol or tobacco while pregnant?			
Did you use any non-prescription drugs while pregnant?			
Was there any problem with your maternal health?			
Was there any problem with the baby before born?			
Water broke more than 24 hours before delivery?			
Did you have antibiotics or other medications during labor?			
Was your labor induced (started by medications)?			
Was this delivery vaginal or by C-section?			
Was there meconium (green bowel movement) present when your water broke?			
Is Mother up to date on the TDAP Vaccine			
Other Issues:			

Is there anything else regarding your child's health that you think we should know that has not already been asked?

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I attest that all the medical history information is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_