

Angel Kids Pediatrics

Congratulations on your new baby and welcome to our practice!

Newborn Health History

Patient's Name _____ Sex: M or F

DOB _____ Today's Date _____

Has your child ever had an allergic reaction to medication, food or an insect bite?

IDENTIFICATION	BIRTH HISTORY
Name of the person filling out this form and relationship to the child: _____	Did the child's mother have any illnesses or problems during her pregnancy, labor, or delivery? Yes No Don't Know If Yes, describe _____
Is this child adopted? Yes or No	
Who cares for the child during the day?	During pregnancy, did the mother smoke, drink, or do any drugs? Yes or No If so, what and when? _____
	Was the baby premature?
FAMILY HISTORY	Was the baby delivery by cesarean section?
Child's Mother's Name _____	Did the baby have any problem breathing at birth?
Parents are: Married Divorced Remarried Separated Single	Did the baby have any jaundice (yellow skin)? _____
Who does the child live with? Mother Father Other or Both	Did the baby have a seizure (convulsion)? _____
Others in the home (name/age/relation) 1. _____ 2. _____ 3. _____ 4. _____	Birth weight of the baby ___lb ___oz Birth hospital _____ Doctor that delivered the baby _____ Baby's doctor in the hospital _____
Has Your Child Ever: Been in the hospital overnight? _____ Had surgery/operation? _____ Been seen in an emergency room? _____	Was the baby's discharge delayed for any reason? _____

Seen a medical specialist? _____	
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What do you currently feed the baby?	Breast	Formula	Both
<i>If you exclusively breastfeed your baby, please talk to the doctor about supplementing the baby with vitamin D.</i>			

FAMILY HISTORY			
	Yes	No	Don't Know
Birth Defect/deformity			
Mental Illness/retardation			
Convulsions/seizures			
Family or inherited diseases			
Serious or fatal childhood illness			
Eye or hearing problems			
Asthma, hay fever, eczema, or allergies			
Tuberculosis			
Diabetes			
Thyroid disease			
Heart Attacks under the age of 50			
Heart disease at birth			
High cholesterol			
High blood pressure			
Peptic ulcer			
Kidney problem or bedwetting over age 10			
Blood/bone disorder, sickle cell anemia			
Cancer			
Immune disorder, HIV or AIDS			
Accidental poisonings			
Smoke regularly			
Drinking problem			
Drug problem			
Bone disease			
Hepatitis Virus			
Other health problems			
Additional Family History			

Any problems that were discovered with the infant during the prenatal period or on prenatal ultrasounds?
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