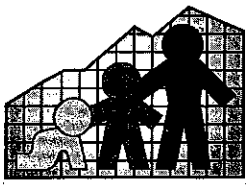

HENDERSONVILLE PEDIATRICS, PA

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ CHART #: _____

BIRTH HISTORY

Pregnancy: ☐ Healthy ☐ Problems

Group B Strep Satus: ☐ Positive ☐ Negative Antibiotics given: ☐ Yes ☐ No

Birth Weight: _____ lbs _____ oz

Gestational Age: _____ wks OR ☐ Term ☐ Preterm

Delivery: ☐ Vaginal ☐ C-section

Infection: ☐ Yes ☐ No

Jaundice: ☐ Yes ☐ No *If Yes*: Bili-lites? ☐ Yes ☐ No

Circumcision: ☐ Yes ☐ No

Diet: ☐ Breast ☐ Formula

Other Complications: _____

CHILD'S PAST MEDICAL HISTORY (Please circle all that apply)

Condition	Date of Onset	Do you see another Dr. for this?	If so who?
ADHD		Yes No	
Allergies		Yes No	
Arthritis		Yes No	
Asthma		Yes No	
Anemia		Yes No	
Bedwetting		Yes No	
Bronchiolitis/Bronchitis		Yes No	
Burn		Yes No	
Cavities		Yes No	
Cerebral Palsy		Yes No	
Chicken Pox		Yes No	
Constipation		Yes No	
Depression		Yes No	
Development Delay		Yes No	
Diabetes		Yes No	
Ear Infections		Yes No	
Fracture		Yes No	
Gastric Reflux		Yes No	
Head Injury		Yes No	
Hearing Impairment		Yes No	
Heart Disease		Yes No	
Heart Murmur		Yes No	
History of Child Abuse		Yes No	
Ingestion of Poison		Yes No	
Learning Difficulty		Yes No	
Menstrual Problem		Yes No	

PLEASE CONTINUE ON BACK OF SHEET

CHILD'S PAST MEDICAL HISTORY (Please circle all that apply)

Condition	Date of Onset	Do you see another Dr. for this?	If so who?
Migraine Headaches		Yes No	
Mononucleosis		Yes No	
Pneumonia		Yes No	
Seizure/Epilepsy		Yes No	
Sickle Cell Anemia		Yes No	
Sinusitis		Yes No	
Speech Delay		Yes No	
Strep Throat		Yes No	
Visual Disturbance (glasses)		Yes No	
Other:		Yes No	
Other:		Yes No	
Other:		Yes No	
Other:		Yes No	
Other:		Yes No	

HOSPITALIZATIONS:

Date/Age: _____ Reason: _____

Date/Age: _____ Reason: _____

SURGERIES:

Date/Age: _____ Reason: _____

Date/Age: _____ Reason: _____

FAMILY HISTORY

(Please make a check mark (✔) for all that apply)

Disease	Mom	Dad	Sister	Brother	Mom's Family	Dad's family
Allergies						
Asthma						
Blood Diseases						
Cancer (state type)						
Birth Defects						
Diabetes						
Gastrointestinal						
Hearing Impairment						
Heart Disease						
High Blood Pressure						
Joint Disease						
Kidney Disease						
Liver/Gall Bladder						
Muscle/Bone Disease						
Neurologic/Seizures						
Psychiatric						
Thyroid Disease						
Visual Disturbance						