New Patien	t Information	· · · · · · · · · · · · · · · · · · ·			
		To	day's date		Allergies
Child's Name	Where was your shild b	?	Agc	Date of Birth	
	Where was your child b	City	State	Hospital/Facility	Circle One: C-Section Vaginal deliv
Birth Weight	Pounds-ounces	Circle one:	Full Term	Pre-Term	Any Difficulty at Birth? NO YES (If Yes, Pleas
Explain)	***************************************				
Has your child e	ver been in the hospital	overnight or loa	nger OR	Had any Surger	ry in the Past? NO YES (If Yes, Please
Explain)					
Is your child on a list them). Pleas	any prescription medica se include the dose and	tions or been or times daily tak	n any long-t en for any c	erm (more than urrent medicatio	6 months) in the past? NO YES (If Yes, Please ons, and list any previous medications.
Ear Infections, 1 Diabetes, any C Abdominal Prob	ancer, Eye/Vision Diso	Bronchitis, A rders (including nic Pain, Men	sthma, Alle g glasses), l tal Disorder	rgies, Chronic I Heart Problems, s, Attention De	pply) Pain, Anemia, Sickle Cell Disease or Trait, Joint Problems, High Blood Pressure, Chronic ficit Disorders, Learning Problems/Delayed
- c. c. c. pc.,					
Who was your ch	nild's last doctor? Name	s are up to date?	Yes No		City,State Yes No Please List
Who was your che you chink you child he Family History: grand parents: (Tuberculosis, Ca	nild's last doctor? Name ar child's immunizations ave any medication allows: Circle ANY diseases to (Circle ALL that apply) ancer, Leukemia, Menta	s are up to date? ergies (includin hat run in the fa Asthma, Alle al Health Disord	Yes No g latex) that amily including rgies, Child ders, Proble	t you know of? Y ling the child's p lhood Diabetes, ms with Anesthe	Yes No Please List
Who was your check you chink you come you child he was you child he was you child he was you can be a constant of the was your was you can you	nild's last doctor? Name or child's immunizations have any medication allows: Circle ANY diseases to (Circle ALL that apply)	s are up to date? ergies (includin hat run in the fi Asthma, Alle al Health Disord	Yes No g latex) that nmily include rgies, Child ders, Proble	t you know of? Y ling the child's p lhood Diabetes, ms with Anesthe	Yes No Please List
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