Allergies _____

Shady Grove Pediatric Associates
Data Base

Patient Name _____ **Date of Birth** _____

1. Birth: Natural ☐ Adopted ☐ Foster ☐ *(check appropriate box)*

Yes	No	*check appropriate answer*
		Problems with pregnancy _____
		Medications during pregnancy _____
		Delivered when expected
		Problems at birth
		Problems in nursery

Birth Weight _____

Hospital of Birth _____

2. Feeding:

	Yes	No
Breast		
Bottle		

how long? _____

Any problems? _____

3. Development: *Enter age when activity started*

Walked		Toilet Trained (day/night)	
Combined 2 Words		Wrote Name	
Rode Trike		Read simple words	

4. Hospitalization, Operations, Accidents: *(requiring medical care)*

Medical Problem	When?	How long?	Which Hospital?

5. Specialty Consultation:

Date	Doctor	Comments	Report in Record

6. Family History: *(check all that applies / check any disease occurring in mother's or father's family)*

- ☐ Anemia
- ☐ Asthma/Hay Fever
- ☐ Birth Defects
- ☐ Bleeding Tendency
- ☐ Cancer
- ☐ Deafness
- ☐ Diabetes
- ☐ Drug/Alcohol Abuse
- ☐ Heart Disease/Stroke (under the age of 50)
- ☐ Heart Disease/Stroke (over the age of 50)
- ☐ Hypertension
- ☐ Kidney Disease
- ☐ Learning Disabilities
- ☐ Mental Illness
- ☐ Mental Retardation
- ☐ Migraine
- ☐ Seizure Disorder
- ☐ Visual Problem
- ☐ Other _____

7. Please Check the Following:

	Yes	No		Yes	No
Smoking in home?			Guns in home?		
Smoking by family members?			Well water?		

8. **Other Medical Problems:**

Please check if your child ever had

DOCTORS COMMENTS:

- ☐ Heart murmur
- ☐ Asthma, wheezing or pneumonia
- ☐ Urinary tract or bladder infection
- ☐ More than 3 ear infections in a year
- ☐ Arthritis

Please check if your child now has

DOCTORS COMMENTS:

- ☐ Frequent headaches
- ☐ Frequent stomach aches
- ☐ Bedwetting
- ☐ School problems
- ☐ Glasses, hearing aids or braces

9. **Are there any stresses in the home?** _____

If your child is in school or day care, where? _____

Any problems? _____

Are there any special concerns? _____

Completed by _____ Date of Completion _____

Relationship _____