



NEW PATIENT MEDICAL HISTORY



TODAY'S DATE: _____

PATIENT'S NAME		DATE OF BIRTH	PHONE		
PREVIOUS PEDIATRICIAN		OFFICE PHONE	ADDRESS		
OTHER HOUSEHOLD MEMBERS					
NAME	DOB	RELATIONSHIP	OCCUPATION		
PAST MEDICAL HISTORY			SIGNIFICANT FAMILY HISTORY		
SURGERIES			BIRTH HISTORY (CIRCLE ALL APPLICABLE)		
			FULL-TERM (37WEEKS+)	PRE-MATURE/EARLY	
			UNCOMPLICATED	COMPLICATED	
			VAGINAL	CESAREAN	
			COMPLICATED (PLEASE EXPLAIN):		
HOSPITALIZATIONS					
ALLERGIES AND SENSITIVITIES			ADVERSE MEDICATION REACTIONS		
REGULARLY SEEN SPECIALISTS			APPROXIMATE DATE OF LAST SPECIALIST VISIT		
ONGOING MEDICAL CONDITIONS			ONGOING MEDICATIONS		
		BEGAN		BEGAN	ENDED
		ENDED			