CENTENNIAL PEDIATRICS
NEW PATIENT INFORMATION SHEET - NEWBORNS TO AGE 1

Please complete this form carefully and thoroughly. If there are any questions you do not understand, please ask a staff member or physician for assistance. If you would like to inform the doctor or any additional information, please make sure to note the information on this form.

Patient's name:

Name of parent or person completing this form:

How were you referred to this office?

PREGNANCY AND BIRTH

Mother's age at time of birth: Is this your first child?

Did mother have any illness during pregnancy? If Yes, please explain.	Y	N
Did mother take any medications other than vitamins/iron? If Yes, please explain.	Y	N
Was the baby delivered on time? If not, please explain.	Y	N
Did the baby have trouble starting to breathe?	Y	N

What was baby's birth weight? Apgars (if known):

Did baby have any problems while in the hospital? If yes, please explain.	Y	N

Please add any additional information you wish to provide about the pregnancy and birth.

PAST MEDICAL HISTORY
(Newborns skip this section)

Date of child's last medical checkup? Doctor's Name:

Date of child's last dental checkup: Dentist's Name:

Has child had allergic reaction to any immunization? If yes, please list each immunization and what the reaction was.	Y	N
Has child been hospitalized for anything since birth? If yes, please explain.	Y	N
Has child had any surgeries or operations? If yes, please explain.	Y	N

Is your child on any medications today? If yes, please list medications and how long child has been on them.	Y	N
Does your child take medication regularly? If yes, please list medications and how long child has been on them.	Y	N
Please add any additional information you wish to provide about child's past medical history.		

FAMILY HISTORY

Are the child's parents both in good health? If no, please list each health concern and which parent it applies to.	Y	N

Has the child or any family member had any of the following illnesses?	Child		Family		If yes, please indicate who.
Anemia	Y	N	Y	N	
Asthma	Y	N	Y	N	
Allergies	Y	N	Y	N	
Diabetes	Y	N	Y	N	
Heart Trouble/Murmur	Y	N	Y	N	
Tuberculosis	Y	N	Y	N	
Mental Illness	Y	N	Y	N	
Drug Problem	Y	N	Y	N	
Alcohol Problem	Y	N	Y	N	
Inherited Illness	Y	N	Y	N	
Cancer	Y	N	Y	N	
Eye Problems	Y	N	Y	N	
Frequent Ear Infections	Y	N	Y	N	
Problems with Urination	Y	N	Y	N	
Problems with Diarrhea or Constipation	Y	N	Y	N	

Seizures	Y	N	Y	N	
AIDS	Y	N	Y	N	
Other _____	Y	N	Y	N	

Are the child's siblings in good health? If no, please explain.	Y	N
Have any of your children died? If yes, please explain.	Y	N
Please add any additional information you wish to provide about child's family history.		

FEEDING AND NUTRITION
(Newborns skip this section)

Is your child's appetite usually good?	Y	N
Is it good today? If no, please explain.	Y	N
Was there severe colic or any unusual feeding problem during first 3 months?	Y	N
Do any foods disagree with your child? If yes, please list.	Y	N
For the first 6 months, was your child bottle fed or breast fed?		
If bottle fed, which formula do you use?		
Does your child take vitamins? If yes, list the kind of vitamins taken.	Y	N
Please add any additional information you wish to provide about child's feeding or nutrition.		

DEVELOPMENTAL BEHAVIOR
(Newborns skip this section)

Does your child sit alone? Walk alone?		
Does your child say any words?	Y	N
How does your child compare to others of his/her own age?		
Does your child have trouble sleeping?	Y	N

SAFETY ENVIRONMENT

Please circle your residence: private home apartment mobile home other		
Is the hottest temperature of the water in your home less than 120 degrees?	Y	N
Is there a working smoke alarm on each floor in the house?	Y	N
Does your child always use a car seat or seat belt when riding in a car?	Y	N
Are there any smokers in the household?	Y	N
Are there any problems with the condition of your home? (insects, rats, peeling paint, etc.)	Y	N
Does your child wear a helmet when riding a bike/motor scooter/skateboard?	Y	N
Do you have a record of your child's immunizations?	Y	N
Please add any additional information you wish to provide about your child's safety environment.		

THANK YOU!
(Rev. 3/2013)

_____ _____ _____

SIGNATURE PRINT NAME DATE