



New Patient Form- Pediatric

Child's previous Primary Physician: _____

Child's last Well Child Check: _____

Preferred Pharmacy: _____

Is Child currently Up To Date on Immunizations? No Yes
 Unknown of Immunization Status Parental Refusal of Immunizations

Has your Child had any previous diagnoses that you feel should be addressed or documented at Child's New Patient Appointment? No Yes

If yes, Please list previous diagnoses and comments:

Does Child have any Drug Allergies? : No Yes

If yes, Please list current Allergies and Reaction:

Is Child on any medications, including over the counter medications and multivitamins? No Yes

If yes, Please list medications and dosing instructions:

Has Child had any previous surgeries? No Yes

If yes, Please list previous surgeries and dates:

What is the age of home that Child is living in? Less than 10 years old More than 10 years old

If home is more than 10 years old, is there any peeling paint? No Yes

Or possible lead paint in the home? No Yes

Please Check boxes of current utilities in the home:

City Water Well Water Electricity Telephone Natural Gas

Is Child exposed to tobacco/smoke?

None Minimal Frequently Daily
 Household members smoke indoors Household members smoke outdoors only

Are there any pets/animals living in the child's home? No Yes

If yes, Please list pets/animals in the home:

Who is Child's current caregiver? _____

Please list current household members and relation to child:

Father of Child: Father involved Father not involved Parents married

Is Child receiving any Daycare? Home daycare Family daycare Daycare center
 Stay at home mother Stay at home father Child does not receive daycare

Is Child in School? No Yes

If yes, Please list Name of School and Grade Level:

Child's Birth Weight: _____

Child's gestational age: Pre-Term Full Term Post-Term

Child's Delivery Mode: Vaginal Delivery Cesarean Section

Did Child have any delivery complications? No Yes

If yes, Please list delivery complications:

Did mother of Child use any tobacco, alcohol, or drugs while pregnant? No Yes

If yes, Please specify:
