CINCO WEST PEDIATRICS

Medical History

Birth History

Maternal age at birth: _____
Any illnesses during pregnancy? ☐ YES ☐ NO
Medication during pregnancy? ☐ YES ☐ NO
☐ Smoking ☐ Alcohol ☐Street drugs during pregnancy?
In which hospital did you deliver? _____
What was your child's gestational age at birth? (e.g. term = 40 weeks) _____
Type of delivery: _____
Birth Weight: _____
Length: _____
Apgar Score: _____
Any problems with baby at birth? _____
Respiratory problems: _____
Jaundice ☐ YES ☐ NO
Pass Hearing Screen? ☐ YES ☐ NO
Were you ever told baby was breech in the third (3rd) trimester? ☐ YES ☐ NO

Developmental History: (please indicate age in months when milestone attained)

Smile _____ Roll-over _____ Sit-up _____ Walked _____
Spoke in Sentences _____ Potty-trained_____ Current grade level_____

Past Medical History

Hospital Admissions: Date: _____ Reason:_____
Surgical History: Date: _____ Reason:_____
Childhood Illnesses:
Lists of Medications (prescription, over-the-counter, vitamins or supplements)
Allergies:
Food Allergies: _____
Drug Allergies: _____
Environmental Allergies: _____

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Medical History – page two

Family History:

Alcoholism / Blood Disorder/ Epilepsy / Mental Illness /Tuberculosis / Asthma
Cancer / Heart Disease / Migraines / Sudden Death / High Blood Pressure/Allergies / Other

Please list any of these examples shown above that apply to the following family members:

Father _____
Mother _____
Siblings _____
Father's side:
Child's Paternal Grandfather _____
Child's Paternal Grandmother _____
Mother's side:
Child's Maternal Grandfather _____
Child's Maternal Grandmother _____

Social History:

Drug/Alcohol Usage (teens only) _____
Is Child Adopted _____
Smoking (teens only) _____
Does Child Go To Daycare _____
Does Any Family Members Smoke _____
Sexually Active (teens only) _____
Does Child Have Any Pets _____
Number Living In Household _____