molly rad M.D. PEDIATRICS

NEWBORN HEALTH HISTORY

Today's Date: _____

Child's Full Name:_____ Nickname: _____

Place Born (city, state, country): _____

Date of Birth:_____ Age: _____

PREGNANCY! BTRTH INFORMATION:		YES	NO
1. Did child's mother receive prenatal care?	☐	☐	☐
2. Did mother have any illnesses, infections or other complications during pregnancy with this child?		☐	☐
Infection	☐		
High Blood Pressure	☐		
Diabetes	☐		
Ultrasound abnormality	☐		

Other:_____

3. Did rnother use any of the following during pregnancy?
   - Alcohol
   - Tobacco
   - Drugs

4. Was baby born within 2 weeks of the due date?	☐	☐	☐
If no, early by_____ weeks			
Late by_____ weeks			
5.Was the baby delivered "normally" (vaginal birth)?	☐	☐	☐

If by C-section, what was the reason for the C-ection?_____

6. What was the baby's birth weight? _____

7. Did the baby have any complications during the Newborn Nursery stay?		☐	☐
If yes, please check which one(s)			
Breathing problems	☐		
Jaundice requiring treatment	☐		
Infection	☐		
Birth injury of defect.	☐		
Other: _____			
Were there any significant problems in the first two weeks after discharge from the Nursery?		☐	☐

If yes, _____

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FAMILY MEDICAL HISTORY

Have any close blood relatives of the child had any of the following illnesses? If yes, please indicate the relationship to the child.

Ilness	No	Yes	Relationship
Diabetes, requiring insulin injection	☐	☐	_____
Asthma, Hay fever, eczema or food allergy	☐	☐	_____
Epilepsy (seizures, convulsions)	☐	☐	_____
Birth Defect or Genetic condition (such as Cystic Fibrosis,Cleft Palate, etc)	☐	☐	_____
Mental retardation or psychiatric disorder (including depression)	☐	☐	_____
Tuberculosis	☐	☐	_____
Childhood cancers (including leukemia)	☐	☐	_____
Muscle or joint disease with onset in childhood	☐	☐	_____
High Cholesterol problem	☐	☐	_____
Alcohol or Drug Dependency	☐	☐	_____
Any other hereditary condition	☐	☐	_____

FOR OFFICE USE ONLY

Physician: Please document any notes on this patient below.

Date: _____

Physician notes:

_____

_____

_____

_____

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