PARKER PEDIATRICS & ADOLESCENTS, P.C.

NEW PATIENT MEDICAL INFORMATION SHEET

(Please Print)

Newborn History

Child Full Legal Name		
Last First Middle	DOB	Phone
☐ Advent Health Parker ☐ Sky Ridge ☐ Other:	OB:	
# of Pregnancies:	# of Live Births:	Length of Pregnancy:
Pregnancy Problems:		
Delivery: ☐ Vaginal ☐ C-Section (Reason):		
Delivery Problems:		

Apgars: /	Mother's Blood Type:	Baby's Blood Type:	Coombs:	RSV No ☐ Yes ☐
Nursery Problems:				HepB No ☐ Yes ☐

Birth Weight: lb oz	Length:	Head Size:	Discharge Date:	Discharge Weight:	Feeding: ☐ Breast ☐ Bottle

Family Health History

	Age	Health Problems	Smoker	Height	Weight
Father (of Patient)			☐		
Grandfather			☐		
Grandmother			☐		
Mother (of Patient)			☐		
Grandfather			☐		
Grandmother			☐		
Sibling(s) (of Patient)			☐		
			☐		
			☐		

Diseases or Problems in Family or Close Relatives, Including Infant Deaths and Birth Defects: ☐ None

Patient's Medical History – Attach Additional Documentation As Needed

Hospitalizations/surgeries (type, where, when) ☐ None

Injuries: ☐ None

Major Illnesses or Chronic Problems: ☐ None

Allergies: ☐ None

Daily Medications: ☐ None

Development: ☐ Normal ☐ Delayed / What Areas:

Immunizations: **Attach record from previous provider / state registry. Please bring to first office visit.**

Systems Review

(Answer "Yes" if these are chronic or ongoing problems)

	Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
Headaches	☐	☐	Vomiting	☐	☐	Birthmarks	☐	☐	Bruising	☐	☐	Dizzy Spells	☐	☐
Diarrhea	☐	☐	Fainting Spells	☐	☐	Constipation	☐	☐	Nosebleeds	☐	☐	Seizures	☐	☐
Stomach Pain	☐	☐	Hyperactive	☐	☐	Weakness/Paralysis	☐	☐	Painful Urination	☐	☐	Speech Problems	☐	☐
Visual Problems	☐	☐	Menstrual Cramps	☐	☐	Behavior Problems	☐	☐	Hearing Problems	☐	☐	Bedwetting	☐	☐
Learning Problems	☐	☐	Ear Infections	☐	☐	Swollen Joints	☐	☐	Chest Pain	☐	☐	Limp	☐	☐
Coughing	☐	☐	Acne	☐	☐	Shortness of Breath	☐	☐	Dental Problems	☐	☐	Attention Disorder	☐	☐
Strep Throats	☐	☐	High Blood Pressure	☐	☐	Appetite Problems	☐	☐	Heart Murmur	☐	☐	Other	☐	☐