



Garden City Pediatric Assoc.
83 Herrick Street
Beverly, MA 01915



Patient Name _____ Date _____

PATIENT HISTORY:

The baby was carried for 9 full months yes no

During the pregnancy with this child the mother (circle)

- Had complications: High Blood Pressure
- Diabetes
- Toxemia
- Rash with Fever
- Other infections or illness

Took Medications _____ (name)

Used Alcohol yes no

Non-prescription drugs (legal and illegal) yes no

Cigarettes yes no

Labor was normal yes no

In the labor room did the baby have problems yes no

In the newborn nursery did the baby have problems (circle) Eating
Breathing
Jaundice
Other problems

Did this baby go home with the mother? yes no

Did this child ever see any doctor for anything other than a cold or checkup? yes no

Has this child been in the hospital? yes no

Is this child taking any medicine now? yes no

Has this child had wheezing? yes no

 chicken pox? yes no

 glasses? yes no

 trouble hearing or understanding people? yes no

 a reaction to any food or medicine? yes no

 trouble learning in school? yes no

 wet or soiled pants after toilet training? yes no

If female, has this child had a period? yes no

FAMILY HISTORY:

Who else is at home (full name)? Age: Relationship:

Full name of both parent _____

Parents (circle) single married divorced widowed

Parents are (circle) working home school

Education of parents (or guardian) _____

Occupation of parent(s) or guardian _____

Circle if child's blood relatives (mother, father, sisters, brothers, aunts, uncles, cousins, grandparents) have any of the following:

- Allegies (hay fever, asthma, eczema)
- Blood disease (anemia or bleeding problems)
- Chronic lung problems (bronchitis, pneumonias)
- Eye problems (blindness, color blind)
- Ear (deafness)
- Congenital problems (found at birth)
- Diabetes
- Thyroid disease
- Learning problems
- Heart attack before age fifty
- High blood pressure
- Migraines, seizure, convulsions
- Mental illness (nervous breakdown, mental illness, suicide)
- Tuberculosis