ESTRELLA PEDIATRICS PATIENT HISTORY

PATIENT'S NAME:	□ M □ F TODAY'S DATE:		
•••••	•CHILD'S BIRTH	HISTORY••••••	••••••
DATE OF BIRTH:/	TIME OF BIRTH:	HOSPITAL	:
AGE AT BIRTH (WEEKS):BIF	RTH WEIGHT:	LENGTH:	HEAD CIRC:
APGAR SCORES:/ MC	M'S BLOOD TYPE:	BABY'S BLOC	DD TYPE:
PROBLEMS DURING PREGNANCY:	Y: OB doctor:		
DELIVERY (MARK ALL THAT APPLY):	□ VAGINAL □ BRE	EECH VACUUM	FORCEPS TWIN/TRIPLET
☐ C SECTION DUE TO	□ LA	BOR INDUCED DUE TO)
HEP B VACCINE GIVEN AT BIRTH? YI	ES 🗆 NO HEARIN	G TEST: □ PASSED R/L/	BOTH □ FAILED R/L/BOTH
PROBLEMS AT BIRTH (MARK ALL THA	AT APPLY): 🗆 NON	IE 🗆 BREATHING PROE	BLEMS 🗆 LOW BLOOD SUGAF
☐ JAUNDICE ☐ PHOTOTHERAPY ☐ HE	ART MURMUR 🗆	FEVER IN BABY/MOM	☐ MOM GROUP B STREP +
□NICU	□ OT	HER	
NUTRITION : □ BREAST FEEDING □ F	ORMULA		QUALIFIES FOR WIC
•••••	CHILD'S MEDICA	L HISTORY•••••	••••••
HOSPITALIZATIONS:	SURGERIES:		
□ ASTHMA □ EAR INFECTIONS □ TH	ROAT INFECTIONS	S □ DIABETES □ SEIZ	URES □ BLOOD DISEASES
☐ CHICKEN POX ☐ OTHER			
ALLERGIES TO MEDICINE: NO YE	S, REACTION		
ALLERGIES TO FOOD: ☐ NO ☐ YES, RE	ACTION		
CURRENT MEDICATIONS:			
•••••	CHILD'S FAMILY	HISTORY	••••••
LIST ANY OF THE FOLLOWING IN YOUR F DIABETES, HIGH CHOLESTEROL, HIGH BLC			
PLEASE LIST MEMBER'S NAME	AGE	MEDICAL PROBLEM	S, IF APPLICABLE
MOTHER:			
FATHER:			
SIBLING:			
SIBLING:			
SIBLING:			
OTHER:			

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