Highland Park Pediatrics ***New Brunswick Pediatrics*** ***Central Jersey Pediatrics***
Infants, Children & Adolescents
www.hppediatrics.com www.newbrunswickpediatric.com www.cjpediatrics.com

Patient's Name:_____ Date of Birth: _____

Allergies: _____

Pregnancy/Birth History:	Yes	NO
1) Were there any medical problems during pregnancy? ……	☐	☐
2) Did the baby come more than two weeks earlier or late? ……	☐	☐
3) Did you use cigarettes, alcohol, recreational drugs or medicine during pregnancy?	☐	☐
4) Name of the hospital; baby was born _____	☐	☐
5) Type of delivery Vaginal ☐ C-section ☐		
6) Any problem during labor or delivery? ……	☐	☐

7) Baby's birth weight _____ Height _____ Head circumference _____

8) Blood Type _____ Apgar Score _____

9) Where there any problems during nursery stay? …… ☐

Past Medical History:

Age	Any serious illness-injury-operation	Name of Hospital	# of days

Is your child on any medications at this time ?

Family History	Yes	No		Yes	NO
1. Birth/ genetic defects	☐	☐	16. Eye Problems	☐	☐
2. Hearing/ Earring Problems	☐	☐	17. Frequent Ear Infections	☐	☐
3. Dental Problems	☐	☐	18. Frequent colds / Sore Throat	☐	☐
4. Lung Disease/ TB/Cystic Fibrosis	☐	☐	19. Hay Fever /Wheezing/Asthma	☐	☐
5. Eczema/Skin Problems	☐	☐	20. High Blood Pressure	☐	☐
6. Heart disease/Murmur	☐	☐	21. Obesity/Over weight/ High Cholesterol	☐	☐
7. Seizure Disorder/ Convulsions	☐	☐	22. Mental Retardation	☐	☐
8. Migraine Headache	☐	☐	23. Diabetes/Thyroid Problem	☐	☐
9. Anemia/ Bleeding disorder	☐	☐	24. Sickle Cell Disease	☐	☐
10. Kidney/Bladder infection-Problems	☐	☐	25. Sexually Transmitted Disease	☐	☐
11. HIV/AIDS	☐	☐	26. Hepatitis	☐	☐
12. Peptic/Ulcer	☐	☐	27. Alcohol-Drug Abuse	☐	☐
13. Bone-Joint- Muscle Disease	☐	☐	28. Rheumatoid Arthritics	☐	☐
14. Emotional Disorder/ Suicidal Attempts	☐	☐	29. Cancer	☐	☐
15. Measles/Mumps/Chickenpox	☐	☐	30. Other	☐	☐