

MEDICAL HISTORY

FLANDERS PEDIATRICS, LLC.

131 Boston Post Rd. East Lyme, CT. 06333

PATIENT NAME: _____ DOB: ___/___/___ DATE: ___/___/___

BIRTH HISTORY

Gestational age: _____ BW: _____ (lb/gm) L: _____ (in/cm) HC: _____ (cm)
 Appgars: _____¹ & _____⁵ Delivery: Vaginal (forceps) C-Section Diet Breast Formula

Maternal Illness		
Tobacco	Y	N
Alcohol	Y	N
Drugs	Y	N
Medications	Y	N

Perinatal complications			
Prematurity			Weeks
Neonatal Jaundice			
Phototherapy	Y	N	
NICU Admission			Weeks
Mechanical Ventilation	Y	N	
RDS	Y	N	
Hypoglycemia	Y	N	
GER	Y	N	
Lactose Intolerance	Y	N	

DEVELOPMENTAL

Social smile		Mo	Crawled		Mo	Talked		Mo
Held head up		Mo	Cruised		Mo	Sentences		Mo
Sat alone		Mo	Walked		Mo	Toilette trained		Yrs.

MEDICATIONS: _____

ALLERGIES

Drugs		Contact	
Foods		Environmental	

MEDICAL PROBLEMS:

Prior hospitalizations	
Injuries	
Surgeries	

SOCIAL HISTORY

Lives with		Foster care	Y	N	
Parents divorced	Y	N	Pets	Y	N
Household smokers	Y	N	Parents born in a foreign country	Y	N
Fire alarm	Y	N	Carbon Monoxide alarm	Y	N
Water	City	Well	Risk of lead exposure	Y	N
Hobbies			TV hours per day		
School name		Grade	Academic performance		
Fire arms	Y	N			

FAMILY HISTORY

<input type="checkbox"/> Acne		<input type="checkbox"/> Deafness		<input type="checkbox"/> Psych	
<input type="checkbox"/> ADD		<input type="checkbox"/> Diabetes Type I/Type II		<input type="checkbox"/> Renal Failure	
<input type="checkbox"/> Allergies		<input type="checkbox"/> Endometriosis		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Asthma		<input type="checkbox"/> High blood pressure		<input type="checkbox"/> S I D S	
<input type="checkbox"/> Bleeding D/O		<input type="checkbox"/> Leukemia		<input type="checkbox"/> Stroke	
<input type="checkbox"/> Anemia		<input type="checkbox"/> Lymphoma		<input type="checkbox"/> Sudden Death	
<input type="checkbox"/> Cancer		<input type="checkbox"/> Kidney problems		<input type="checkbox"/> Thyroid Problems	
<input type="checkbox"/> Cholesterol		<input type="checkbox"/> M R		<input type="checkbox"/> Other	