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Pediatric Medical History Form

Parents:

Mother _____

Father _____

Legal Guardian _____

Lives with _____

May consent for care in absence of parent/legal guardian (ie. Bring to doctor visits) (must send note signed by legal parent or guardian and provide phone number where parent can be reached):

Name _____

ALLERGIES (LIST TYPE OF REACTION) _____

Medicines (list dose, frequency, reason) _____

Pregnancy:

Born at due date ? Y N How long before/After due date _____

Complications of pregnancy _____

Maternal illness/Exposures during pregnancy _____

Problems at delivery _____

Did the newborn baby go to Intensive care ? Y N How long ? _____

Feeding (formula (brand), breast, both) _____

Age when starting solids _____

Infant Feeding problems _____

Medical Problems/ ER visits _____

Injuries _____

Developmental History - Approximate age when:

Smiled _____ Rolled over _____

Sat up alone _____ Crawled _____

Stood up holding on to something _____ Stood alone _____

Said first word _____ Walked with help _____

Walked alone _____ Ran _____

Said two words together _____ Fed self _____

Toiled trained _____ Dry at night _____

Do you, or did anyone raise concerns about this child's development ? Y N (If yes, explain) _____

Has there been any problems with the child's growth ? _____

Grade _____ **Any school problems ?** _____

Diet Concerns _____

Hearing Testing _____ **Vision Testing** _____

Dental Evaluation _____ **Lead testing** _____

Glucose (sugar) test _____ **Cholesterol test** _____

Immunizations up to date ? (please provide a copy) _____

Hobbies of Child/Family _____

Family Medical History:

Mother _____ Father _____

Sibling (s) _____

Grandparents _____

Anything else you think I should know about your child or family ?