## PEDIATRIC PATIENT INTRODUCTION

CHILD'S NAME:		MOTHER	S NAME:			
	AST FIRST	MIDDLE	L		RST MIDDLE	
CASE NUMBER:		FATHER'S	NAME:	ST FIR	RST MIDDLE	
ADDRESS:		CITY/TOWN:		STATE:	ZIP:	
HOME PHONE:		•				
BIRTH DATE:						
		BIRTH LENG				
TYPE OF BIRTH: NOR						
HOME PROBLEMS DURING PREGNANCY:	i:	_ BIRTHING CENTER:		_ HOSPITA	L:	
PROBLEMS DURING LABOR / DELIVERY:						
APGAR SCORES:		WAS THERE PRESENCE	CE AT BIRTH OF:		JAUNDICE (YELLO CYANOSIS (BLUE)	W)
CONGENITAL ANOMALIE	S / DEFECTS:				`	
INFANT FEEDING: BREAS						
NO. OF HOURS SLEEP P	ER NIGHT:	QUALITY OF SLEEP	P: GOOD	_ FAIR	POOR	
OBSTETRICIAN / MIDWIF	E:		LOCATED AT			_
PEDIATRICIAN / FAMILY N			LOCATED AT			_
DATE OF LAST VISIT TO M						
MMUNIZATION HISTORY:			•			
PURPOSE OF THIS APPO						
AS YOUR CHILD BEEN			•			
)ESCRIBE:						
·	AUTH	ORIZATION FOR CARE O	F MINOR			
HEREBY AUTHORIZE TH 1Y SON / DAUGHTER / W	HIS CLINIC AND IT'S ARD.	DOCTOR(S) TO ADMINIS	TER CARE AS T	HEY SO DE	EM NECESSARY	то
IGNED:		WITNESSED:		D/	ATE:	
REALIZE THAT I AM RE ERVICES AS THEY ARE	SPONSIBLE FOR A	LL FEES CHARGED BY	THIS CLINIC A	ND THAT I		
ATE:	SIGNATURE:					

## PEDIATRIC CASE HISTORY

PREGNANCY HISTORY:			``
•			***************************************
	<u> </u>		
DELIVERY / BIRTH HISTOR	Y:		
- Direction			
	Y: AT WHAT AGE DID THE CH		
	CRAWL		
	RESPOND TO SOUND FOLLOW AN OBJECT WITH I HOLD HEAD UP	HIS/HEH EYES	WALK ALONE
	_ SIT ALONE		
CHILDHOOD DISEASES: _	CHIC	RUBELLA	
	MUM MEA:	RUBEOLA WHOOPING COUGH	
OTHER:	IVICA	SLES	Willoon into dood
HAS THIS CHILD EVER SUI			
☐ Dizziness	☐ Backaches	☐ Heart Trouble	☐ Chronic Earaches
□ Diabetes	□ Tuberculosis	Hypertension	☐ Colds/Flu
□ Arthritis	☐ Headaches	☐ Asthma	☐ Allergies
☐ Neuritis	□ Digestive Disorders	☐ Sinus Trouble	☐ Constipation
☐ Anemia	☐ Rheumatic Fever	☐ Orthopedic Problems	☐ Diarrhea
☐ Poor Appetite	☐ Hyperactivity	☐ Sugar Concentration	☐ Behavioral Problems
☐ Bed Wetting	☐ Convulsions	☐ Paralysis	<ul><li>☐ Muscle Jerking</li><li>☐ Ruptures / Hernias</li></ul>
☐ Fainting	<ul><li>☐ Walking Problems</li><li>☐ Arm Problems</li></ul>	<ul><li>☐ Broken Bones</li><li>☐ Leg Problems</li></ul>	☐ "Growing Pains"
<ul><li>☐ Neck Problems</li><li>☐ Joint Problems</li></ul>	☐ Arm Problems	Li Leg Problems	Chowing rains
PRESENT HISTORY:		•	•
	·		
	•		
SURGERY:			
		<u> </u>	*
CCIDENTS:			
AMILY HISTORY			<u> </u>