



Birth & Beyond Pediatrics, P.C. Patient History Record

Patient Name: _____ Birth date: _____

I. Birth History

Birth weight: _____ Length: _____ Hospital: _____

Obstetrician: _____ Delivery: Vaginal C-Section

Problems/Complications (i.e.: jaundice, breathing problems, etc.): _____

Medications Needed: _____

Breast or Bottle fed: _____ Formula: _____

II. Family History

Maternal: Diabetes _____ Heart Disease _____ Hypertension _____

Asthma _____ Eczema _____ Allergies _____ Cancer _____

Other _____

Paternal: Diabetes _____ Heart Disease _____ Hypertension _____

Asthma _____ Eczema _____ Allergies _____ Cancer _____

Other _____

III. Social History

(i.e.: lives with both parents/mom/dad, attends daycare, etc.)

IV. Allergies

Medications: _____

Other: _____

When Tested: _____

V. Hospitalizations &/or Operations:

VI. Family

Father's Name _____ Health Status: _____

Mother's Name _____ Health Status: _____

Siblings:

Name: _____ Health Status: _____ full half step

Name: _____ Health Status: _____ full half step

Name: _____ Health Status: _____ full half step

Name: _____ Health Status: _____ full half step

VII. Immunizations: Please provide a copy of the immunization record.