PUTNAM PEDIATRIC MEDICINE PLLC

667 Stoneleigh Avenue Suite 116
Carmel, New York 10512
Phone: 845-279-9652 or 845-279-5131 Fax: 845-279-3606

Patient History Form

Name:_____ DOB_____

Family Members

Family member	NAME	D.O.B	Do they live with Pt.	Healthy?
Father				
Mother				
Siblings:				

Pregnancy and Delivery

Birth Weight: lb oz	Birth Height: in	Details
Illnesses during pregnancy?	☐ Yes ☐ No	
Premature or late delivery?	☐ Yes ☐ No	
Problem with delivery?	☐ Yes ☐ No	
Any problems in the nursery?	☐ Yes ☐ No	
Did the baby go home with mom?	☐ Yes ☐ No	
Was the baby jaundice?	☐ Yes ☐ No	
Was the baby cyanotic (blue)?	☐ Yes ☐ No	
Did you have a cesarean?	☐ Yes ☐ No	

Family History

Does any family relative have any of the following conditions?

Condition	Yes	No	Relation to Patient	Condition	Yes	NO	Relation to Patient
Allergy				Anemia			
Diabetes				Epilepsy			
High B/P				Mentally challenged			
Heart disease				Thyroid problems			
High cholesterol				Arthritis			
Stroke				Infant deaths			

Family History Continued

Does any family relative have the following conditions?

Condition	Yes	No	Relation to Patient	Condition	Yes	No	Relation to Patient
Miscarriages				Liver Disease			
Tuberculosis				Kidney Disease			
Cancer				Asthma			

Patient's Past Medical History

Has your child had a history of any of the following?

	Yes	No	Details		Yes	No	Details
Hospitalization				Heart problems			
Surgery				Skin problems			
Serious accidents				Convulsion/ Seizure			
Serious Illness				Bowel problems			
Food allergy				Urinary problem			
Bee sting allergy				Menstrual problems			
Medication Allergy				Coordination problems			
Eye/vision problems				Recurrent abdominal pain			
Frequent ear infection				Behavior problems			
Frequent tonsillitis				Emotional problems			
Recurrent bronchitis				School problems			
Asthma				Chickenpox			
Pneumonia				Any problem we should be aware of			

Please provide past immunization records if applicable

Date completed_____

Completed by:_____

Relationship:_____