

BRADFORD FAMILY MEDICINE, INC.
CHILD NEW PATIENT HISTORY

Patient Name: _____ **Date of Birth:** _____ **Today's Date:** _____
(Last) (First) (MI)

Parent/Guardian: _____ **Relationship:** _____

Medication Allergies: (Please list all medication allergies and the reaction that occurred)

1. _____ 3. _____
2. _____ 4. _____

Medical Problems: (Please list all past medical problems and hospitalizations)

1. _____
2. _____
3. _____
4. _____
5. _____

Birth History:

Birth Weight: _____ Birth Length: _____ APGAR Scores (if known): _____
How far from the pregnancy due date? _____
Delivery Type: _____
List any problems during the pregnancy/labor/delivery or nursery stay: _____

Previous Surgeries:

1. _____
2. _____

Medications: (Please include medication name/dose/frequency as well as any over-the-counter and herbal meds)

1. _____ 3. _____
2. _____ 4. _____

Routine Health Screening: (Please list dates if applicable)

Please provide a copy of your immunizations to date.
Date of last routine well child visit: _____

Dental Care: (If applicable)

Last dental exam: _____ Dentist: _____

Social History:

Diet/Vitamins:

Do you follow a special diet? _____ Type: _____
Does the child take vitamins/supplements? _____ Type/Frequency: _____

Household Information/Injury Prevention:

List the primary caretaker/household members: _____
Do you have any concerns about your child's safety at home? _____
Do you have smoke alarms installed? _____ Carbon monoxide detectors: _____ Anyone smoke at home?: _____
Do you use car seats/wear seatbelts? _____ List any pets at home: _____

School/Daycare: (if applicable)

Name of school/daycare: _____ Grade: _____
Sports/extracurricular involvement: _____
Issues with school performance: _____
Current employment (if applicable): _____

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Patient Name: _____ Date of Birth: _____ Today's Date: _____
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Family History:

Relative	Alive	Current Age/ Age of Death	Health Issues/Cause of Death (include all known issues including cancer types/stroke/heart issues /diabetes/etc.)
Father			
Mother			
Siblings			
Paternal Grandfather			
Paternal Grandmother			
Maternal Grandfather			
Maternal Grandmother			
Other			
