

MONROE PEDIATRIC ASSOCIATES

A Division of Allied Physicians Group

**70 Gilbert Street
Monroe, NY 10950**

ACCT# _____

DATE: _____

PATIENT MEDICAL HISTORY

Patient's Name: _____ Gender: _____ Date of Birth: _____

Allergies: _____ Previous Pediatrician: _____

BIRTH HISTORY

History Given By _____

PREGNANCY COMPLICATIONS

	YES	NO		YES	NO		YES	NO
Smoking			Alcohol/Drug Use			Medications		
Infections			Bleeding			Hypertension		
Preclampsia/Toxemia			Premature Labor			Gestational Diabetes		

NEWBORN

Gestational Age _____ Type of Delivery _____ Hospital _____

Birth Weight _____ Length _____ Head Circumference _____

Any Neonatal Problems? _____

NUTRITIONAL HISTORY

Infancy

Breast _____ Bottle _____ Formula _____ Reflux _____
YES NO

Childhood/Adolescence Patient

Any Special Dietary Requirements? _____ If yes, explain _____
YES NO

Any History of Constipation? _____ Primary Pharmacy _____
YES NO

DEVELOPMENTAL HISTORY

Is there any history of the following?

	YES	NO	If YES, circle ALL that apply			
Developmental Delay			Gross Motor	Fine Motor	Speech	Global
Early Intervention Services			PT	OT	Speech	
Does Your Child Have IEP or 504 ?			An IEP is an Individual Education Plan given at school			

PATIENT'S PAST MEDICAL HISTORY

If additional space is needed, please see reverse

Significant Illnesses _____

Hospitalizations _____

Menstrual History: Age of Onset _____ Any Problems? _____

FAMILY HISTORY

	MATERNAL		PATERNAL			MATERNAL		PATERNAL	
	YES	NO	YES	NO		YES	NO	YES	NO
Heart Disease					Liver/Kidney Disorders				
High Blood Pressure					Gastrointestinal Disorder				
Hypercholesterolemia					Learning Disabilities				
Bleeding Disorders					Seizures				
Rheumatologic Disorders					Migraines				
Psychiatric Disorders					Diabetes				
Asthma					Hyper/Hypo Thyroidism				
Tuberculosis					Seasonal Allergies				
Cancer					Alcohol/Drug Abuse				

SOCIAL HISTORY

Do you live in a House? _____ or Apartment? _____ Age Of Home _____ Number of Household Members _____

Any Smokers in Household? _____ Any Pets in the Home? _____ If YES, what kind of pets? _____

