PATIENT INFORMATION

CHILD'S INFORMATION		
CHILD'S NAME:		CHILD'S DATE OF BIRTH:
ADDRESS:	AGE:	MALE/FEMALE
CITY/STATE/ZIP:	WARD:	

FAMILY INFORMATION	
PARENT 1/GUARDIAN'S NAME:	DATE OF BIRTH:
EMAIL:	EMPLOYER:
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
WORK PHONE NUMBER:	
PARENT 2/GUARDIAN'S NAME:	DATE OF BIRTH:
EMAIL:	EMPLOYER:
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
WORK PHONE NUMBER:	
If address is different, please include here:	

CHILD LIVES WITH:

___BOTH PARENTS
___FOSTER PARENTS
___ONE PARENT
___ADOPTIVE PARENTS
___PARENT AND STEP-PARENT
___OTHER ADULT OR SIBLINGS

CHILD'S RACE:

___CAUCASIAN
___AFRICAN-AMERICAN
___HISPANIC
___NATIVE AMERICAN
___ASIAN OR PACIFIC ISLANDER
___OTHER:_____________

IS THERE A LANGUAGE OTHER THAN ENGLISH SPOKEN IN	THE HOME? _______________
DOES THE CHILD SPEAK THIS LANGUAGE? **YES OR NO**	DO THEY UNDERSTAND IT? **YES OR NO**
WHO SPEAKS IT?	

MEDICAL HISTORY	
PEDIATRICIAN'S NAME:	OFFICE NUMBER:
WHERE WAS THE CHILD BORN (HOSPITAL, CITY, STATE):	
PRENATAL CARE: Y/N	
COMPLICATIONS DURING PREGNANCY: Y/N	(IF YES, PLEASE DESCRIBE)
WEEKS OF PREGNANCY:	CHILD'S BIRTH WEIGHT
TYPE OF DELIVERY: ____VAGINAL ____C-SECTION: WHY?	
WERE FORCEPS USED DURING DELIVERY: Y/N	
PROBLEMS DURING DELIVERY:	DAYS CHILD STAYED IN HOSPITAL:
PROBLEMS AFTER THE DELIVERY FOR MOTHER OF CHILD:	Y/N (IF YES, PLEASE DESCRIBE)
NICU, COMPLICATIONS, OR OTHER CONCERNS PRIOR TO	DISCHARGE: Y/N (IF YES, PLEASE DESCRIBE)
HAS THE CHILD EVER BEEN HOSPITALIZED SINCE THEIR	DISCHARGE HOME FROM THE HOSPITAL: Y/N
DOES THE CHILD TAKE ANY REGULAR MEDICATIONS: Y/N	(PLEASE LIST)