Viridian MD Pediatric History Form Ages 6 to 12 months

General Information

Patient's full name:

Patient's date of birth:

Nickname:

(Optional) Race:

Ethnicity: ☐Hispanic ☐Non Hispanic

Pregnancy and Delivery

Where was patient born? (hospital):

Is the patient yours by:

☐ Birth ☐ Adoption ☐ Stepchild

☐ Foster child ☐ IVF ☐ Donor egg

☐ Donor sperm ☐ Other

Pregnancy:

Any medications taken during pregnancy:

☐ None ☐ Prenatal vitamins

☐ Other

Length of pregnancy: weeks

Please indicate any complications during pregnancy:

Ultrasounds: ☐ Normal ☐ Abnormal

Describe any abnormalities:

Amniocentesis? ☐ Yes ☐ No Why and results?

Mother's blood type: Patient's blood type:

Labor: ☐ Spontaneous

☐ Induction (Method and why?):

Length of labor:

Delivery:

☐ Vaginal ☐ Caesarian Section ☐ Breech

Birth weight: Birth length:

Apgar scores: /

Please indicate any complications:

Routine Newborn Care

Hepatitis B Vaccine ☐ Yes ☐ No

Vitamin K Injection ☐ Yes ☐ No

Erythromycin Eye Ointment ☐ Yes ☐ No

If no to any of the above, please explain:

Hearing Screen ☐ Pass ☐ Fail

Feeding ☐ Breast ☐Formula ☐Both

Family Social History

Who lives at home with patient? (Include parents, siblings, grandparents, step-family members, etc.)

Household #1

Name	Age	Relationship

Household #2

Name	Age	Relationship

If patient spends time in two households, describe custody arrangements (50/50, etc):

Parent #1 occupation:

Parent #1 employer:

Parent #2 occupation:

Parent #2 employer:

Exposures:

Any family members smoke (inside or outside)?

☐ Yes ☐ No

Firearms in the home? ☐ Yes ☐ No

If yes, are they safely stored? ☐ Yes ☐ No

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Family History: Please indicate using the following key any family members who at any time in their lives have been diagnosed with any of these conditions. Please indicate if any family members have died from any of these conditions.

KEY-PLEASE USE THE FOLLOWING IDENTIFIERS FOR FILLING OUT THE FAMILY HISTORY

Mother = Mother of Patient	**Brother** = Brother of Patient	**Grandfather** = Patient's Grandfather	**Aunt** = Mother or Father's Sister	**Cousin** = Cousin of Patient
Father = Father of Patient	**Sister** = Sister of Patient	**Grandmother** = Patient's Grandmother	**Uncle** = Mother or Father's Brother	

Mother's Family History

ADHD_____
Alcoholism/Substance abuse_____
Allergies_____
Alzheimer's_____
Anemia_____
Anxiety_____
Asthma_____
Childhood asthma_____
Arthritis_____
Autism_____
Autoimmune diseases_____
Bipolar disorder_____
Birth defect_____
Bladder problems_____
Bleeding disorders_____
Blood diseases_____
Cancer (Type)_____
Celiac_____
COPD_____
Developmental disabilities_____
Depression_____
Suicide_____
Diabetes_____
Eating disorder_____
Educational difficulties_____
GI disorders (Reflux, Colitis, Crohn's)_____
Hearing loss_____
Heart disease_____
Heart arrhythmia (Prolonged QT, SVT)_____
High blood pressure_____
High cholesterol_____
Hip dysplasia_____
Kidney disease_____
Lazy eye (Strabismus)_____
Melanoma_____
Mental illness_____
Migraine headaches_____
Obesity/Overweight_____
Renal reflux_____
Rheumatological disease_____
Scoliosis_____
Seizures_____
Epilepsy_____
Stroke_____
Sudden cardiac death_____
Sudden unexplained death_____
Thrombosis (Blood clot)_____
Thyroid disease_____
Other_____

Father's Family History

ADHD_____
Alcoholism/Substance abuse_____
Allergies_____
Alzheimer's_____
Anemia_____
Anxiety_____
Asthma_____
Childhood asthma_____
Arthritis_____
Autism_____
Autoimmune diseases_____
Bipolar disorder_____
Birth defect_____
Bladder problems_____
Bleeding disorders_____
Blood diseases_____
Cancer (Type)_____
Celiac_____
COPD_____
Developmental disabilities_____
Depression_____
Suicide_____
Diabetes_____
Eating disorder_____
Educational difficulties_____
GI disorders (Reflux, Colitis, Crohn's)_____
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Heart disease_____
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Other_____