



CareFirst Pediatrics

Dr. Anitha S Singh, M.D. | 5501 Independence Pkwy Suite 300, Plano, TX-75023 | 972.867.8979 | www.carefirstpediatrics.net

Patient Name: _____ Date of Birth: _____

NEWBORN/BIRTH HISTORY

Hospital: _____ or Home Birth OB/GYN: _____

Problems during the pregnancy, delivery or in the nursery? _____

Birth Weight: _____ Birth Length: _____ Birth Time: _____

Full Term: YES NO If no, how many wks: _____ NICU stay: YES NO

Delivery: (circle one) C-SECTION VAGINAL Discharge Date: _____

Jaundice: YES NO If yes, any phototherapy (bili lights): YES NO

Hearing Screen: PASS FAIL Mother's maiden name: _____

Was Hepatitis B vaccine given in nursery: YES NO Date (if known): _____

FAMILY HISTORY

Family History: Please list family members and the chronic conditions they suffer from (such as cancer, high blood pressure, asthma, allergies, eczema, diabetes, hearing loss, genetic problems, etc.):

PAST MEDICAL HISTORY

General Health: (circle one) GOOD FAIR POOR

Surgeries: _____

Hospitalizations: _____

Serious Accidents/Injuries: _____

Specialists your child sees: _____

Allergies to medications: _____

Medications: _____

Circle below if your child suffers from any of the following:

- FREQUENT EAR INFECTIONS FREQUENT SORE THROAT/STREP INFECTIONS SEASONAL ALLERGIES ASTHMA CANCER
FOOD ALLERGIES PNEUMONIA CROUP BRONCHIOLITIS (RSV) HEART PROBLEMS/MURMUR DEPRESSION/ANXIETY
CYSTIC FIBROSIS CHRONIC ABDOMINAL PAIN CONSTIPATION REFLUX URINARY TRACT INFECTION HEADACHES
HEARING LOSS EYE/VISION PROBLEMS ANEMIA/BLEEDING PROBLEMS ECZEMA GENETIC/CONGENITAL PROBLEMS
SEIZURES DIABETES ADD/ADHD

Other--Please describe: _____

SOCIAL HISTORY

Whom does the child live with: _____

List Siblings:

- Name: _____ BROTHER SISTER Age: _____
Name: _____ BROTHER SISTER Age: _____
Name: _____ BROTHER SISTER Age: _____
Name: _____ BROTHER SISTER Age: _____
Name: _____ BROTHER SISTER Age: _____

School/Daycare: _____

Does anyone smoke at home: YES NO Pets at home: YES NO