Modesto Pediatrics

Past Medical History - Birth to 5 Years of Age

Patient Name: _____ **DOB:** _____

Delivery (*Circle One*): Single Vaginal Single C-Section Multiple Vaginal Multiple C-Section

How Many Weeks Gestation: _____

Apgar Scores (*if known*): 1 minute: _____ 5 minutes: _____

Birth Weight: _____ Birth Height: _____

Breasfeeding: YES NO

Formula feeding : YES NO Brand: _____

Reactions to Medications: YES NO Medication: _____

Reactions to Immunizations: YES NO Immunization: _____

Birth Complications: YES NO Describe: _____

Developmental Problems: YES NO Describe: _____

Chronic Illness: YES NO Describe: _____

Chronic Medications YES NO Medication: _____

Hospitalization (other than normal birth): YES NO Describe: _____

Surgeries: YES NO Describe: _____

Injuries: YES NO Describe: _____

Does the patient attend Day Care? YES NO