NEWBORN

NAME _____
DATE _____

pediatrics NORTHWEST PS
Mary Bridge Children's
www.pedsnw.net

MEDICAL HISTORY

Select Has your child had any reactions to medications or immunizations?
Select Does your child take any medications (daily or as needed)?
Select Are there any major illnesses in the family? Which ones? _____
Select Does the child's main caretaker plan to return to work or school? If yes, when? _____
Select Has your child ever been diagnosed with an immunodeficiency?
Select Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

NUTRITION

Select Is your baby breastfed?
Select Is your baby taking any vitamins?
Select Does your baby take a bottle?
Select Are you offering anything else to your baby? (water, juice, baby foods, infant cereal, etc)

PREVENTIVE HEALTH

Select Does your baby always sleep on his/her back?
Select Does your child always ride in a car seat and in the backseat?
Select Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?
Select Have those alarms been checked in the past 12 months?
Select Does your child live with anyone who smokes?

REVIEW OF SYSTEMS *(Does your child have any current problems with the following?)*

Select eyes (crossing, not focusing, drainage, inflammation, etc)
Select swallowing or eating
Select coughing, breathing, shortness of breath, wheezing, turning blue, or nasal congestion
Select vomiting
Select stooling (diarrhea, constipation, or blood in the stools). How often does your child stool? _____
Select urination (change in frequency, or blood in the urine). How many wet diapers per day? _____
Select umbilical cord
Select extremities (feet, legs, arms, hands)
Select persistent crying

DEVELOPMENT (please check the things that your child is currently doing)

Gross motor	☐ moves arms & legs equally
Fine motor	☐ responds to seeing a face
Social	☐ settles when fed or comforted
Language	☐ startles to sound

CONCERNS

Select Do you have any special concerns today?

Thanks for filling out this form.