Livermore Pleasanton San Ramon Pediatrics

Stanford Children's Health

Please fill out a separate form for each child in your family.

Today's Date: ______________

Child's Name: ____ Male ☐ Female ☐

Birth Date: ________________ Birth Hospital: ________________ City/State: ________________

Relationship of person filling out form to child: ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other

How many children in the family? _______ Which number child is this? _______

PREGNANCY – BIRTH HISTORY — **Yes** / **No**

Did mother have health problems during pregnancy? ☐ ☐

Did mother smoke drink or take drugs during pregnancy? ☐ ☐

Was baby's birth ☐ vaginal ☐ c-section

What was the birth weight? _______lbs. _______oz.

If not on-time ☐ premature ☐ post mature Number of week's early/late _________

Were there problems during labor? ☐ ☐

If yes, please describe: ____

Were there problems during birth or in the nursery? ☐ ☐

If yes, please describe: ____

Is there any history of relatives with major diseases as children? ☐ ☐

Who spends the most time with this child? ☐ Mother ☐ Father ☐ Grandparent ☐ Childcare Provider

Daytime: ______________ Evening: _____________

ILLNESSES – HOSPITALIZATIONS — **Yes** / **No**

Did this child have any severe illnesses in the first year? ☐ ☐

If yes, please describe: ____

Did this child have severe illnesses in the second year? ☐ ☐

If yes, please describe: ____

Did this child have any repeated illnesses up to this office visit? ☐ ☐

If yes, please describe: ____

Did this child have any hospitalizations? ☐ ☐

If yes, please describe: ____

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FEEDING HISTORY

	Yes	No
Was this child breast fed?	☐	☐
If yes, how many months? ____________________		
Does this child get fluoride daily?	☐	☐
Do you think this child eats properly?	☐	☐
Where there any feeding problems in the first year?	☐	☐
If yes, please describe: ____________________		
Do you feel this child's weight is normal?	☐	☐
Do you feel this child's height is normal?	☐	☐

DEVELOPMENTAL – PSYCHOSOCIAL

	Yes	No
Has this child developed mentally as you expected?	☐	☐
Has this child developed physically as you expected?	☐	☐
Does anyone have difficulty understanding this child's speech?	☐	☐
Does this child have any bedwetting problems?	☐	☐
Does this child have any problems sleeping (bad dreams)?	☐	☐
Does this child have excessive energy?	☐	☐
Does this child become easily upset (want too much attention)?	☐	☐
Does this child have behavior problems?	☐	☐
Any other problems? ____________________		
Have there been any changes in this child's life in the past year?	☐	☐
If yes, please describe: ____________________		

Day care used? ☐ Relatives ☐ Home (other than yours) ☐ Center ☐ other ____________________

Health Problems (please check and describe)

	Yes	No
Has this child had any frequent health problems?	☐	☐
Has this child had any medication allergies (type)?	☐	☐

If yes, please describe: ____________________

☐ Sore Throats	☐ Ear Infections	☐ Serious Injuries ____________
☐ Continuous Cough	☐ Asthma	☐ Surgeries ____________
☐ Lung Infections	☐ Stomach Problems	☐ Bone or Joint Problems ____________
☐ Skin Problems	☐ Chicken Pox	☐ Broken Bones ____________
☐ Repeated Fevers	☐ Bad Rashes	☐ Severe Allergies ____________
☐ Eye Problems	☐ Nose Bleeds	☐ Seizures ____________
☐ Difficulty Breathing	☐ Any other problems ____________	