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PEDIATRIC RECORD

•	is learn more about your child and how to best care for them and support you.
Child's N	lame: Birth date:
Current	Medications, including doses:
Date of c	hild's last well child exam:
Do you v	accinate your child? (Yes/No) If no, please briefly explain why not:
Please li	st any concerns or questions you would like to discuss:
SECTION	N A: PATIENT HISTORY
1. PR	EGNANCY, BIRTH AND FIRST WEEK OF LIFE:
A.	Were there any unusual illnesses or complications during pregnancy, including abnormal prenatal labs or testing? (Yes/No) If yes, please explain:
	Where was your child born (circle one)? Hospital, Home, Birthing Center, Other Was your child preterm? (Yes/No) If yes, how many weeks early?
	What was your child's birth weight? oz
	Did your child have any unexpected hospitalizations during the first week of life or need to stay in the NICU after birth? (Yes/No) If yes, please explain:

- 2. ILLNESSES, ALLERGIES AND DEVELOPMENT:
 - A. Does your child have any chronic conditions? (Yes/No) If yes, please explain:

В.	Does your child have any special needs? (Yes/No) If yes, please explain:
	C. Has your child ever been hospitalized? (Yes/No) If yes, please list reason and date (Month/Year):
	D. Has your child had any surgeries? (Yes/No) If yes, please list surgery and date (Month/Year):
	E. List any medication or food allergies including reaction:
SEC1	TION B: FAMILY HISTORY
1.	Is this child's mother living? (Yes/No) Age? In good health? (Yes/No)
2.	Is this child's father living? (Yes/No) Age? In good health? (Yes/No)
3.	Number of other children in family: Ages of the other children?
	a. If applicable, are your other children in good health? (Yes/No)
4.	Please explain any "no" answers for the above questions 1-3 in the Family History:
5.	Is there a family history of any type of illness or disease? (Yes/No) If yes, please list the illness/disease and who in the family has it:
6.	Last year in school completed by mother: by father:
SECT	TION C: SOCIAL HISTORY
1.	Who lives at home with your child?
2.	Who cares for your child during the day? Or if they are in school/daycare, please list
	name and grade level
3.	Anyone in the home who smokes either inside or outside of the home? (Yes/No)
4.	Any animals in the home? (Yes/No) If yes, what kind?
5.	Any guns in the home? (Yes/No) If yes, are they locked up? (Yes/No)
6.	Are there any problems with income, housing, sleeping arrangements or food for
	your child or your family? (Yes/No) If yes, please explain:
7	Do the adults in the family usually agree on the raising and discipline of the child?

PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORD TO THE OFFICE VISIT

(Yes/No)