Baptist Primary Care – Bartram Park
13720 Old St. Augustine Road Suite 1
Jacksonville, FL 32258
Ph: (904) 288-5550 · Fax: (904) 288-5565

Primary Care Physician: **Dr. Festic** ☐ **Dr. Ricci** ☐ **Dr. Sastre** ☐

Patient name: _____ **Today's date:** _____

Date of birth: _____ **Age:** _____ **Sex: Male** ☐ **Female** ☐

Race: _____ **Parent's marital status: M** ☐ **D** ☐ **S** ☐

Emergency contact: _____ **Phone:** _____ **Relationship:** _____

BIRTH HISTORY:

Hospital of birth: _____

☐ Vaginal delivery ☐ C-section Reason for C-section: _____

Term (weeks): _____ Birth weight: _____ lbs _____ oz

Resuscitation or Oxygen required?: Yes ☐ No ☐ NICU required? Yes ☐ No ☐

Jaundice?: Yes ☐ No ☐ Length of stay: _____ Pregnancy Complications?: _____

PAST MEDICAL HISTORY:

☐ No Known Medical Problems
☐ Allergies (food/medication/environmental) _____ Reaction: _____
☐ Asthma
☐ Developmental delay (speech/motor/etc.) _____
☐ Hospitalizations (reason/year) _____
☐ Recurrent ear infections (>4/year) Yes ☐ No ☐ History of ear tubes? Yes ☐ No ☐
☐ Surgery (type/year) _____
☐ Other _____

CURRENT MEDICATIONS: (Include vitamins, supplements, birth control pills, etc.)

☐ No Current Medications

Medication name	Dose	Frequency	Refill Needed?
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

FAMILY MEDICAL HISTORY: (Parents, siblings, grandparents, aunts, uncles)

☐ No Known Medical Problems

☐ Allergies _____
☐ Asthma _____
☐ Bleeding disorders _____
☐ Cancer _____
☐ Childhood deaths _____
☐ Cystic fibrosis _____
☐ Diabetes (I/II) _____
☐ Eczema _____
☐ Heart disease _____
☐ High cholesterol _____
☐ Hypertension _____
☐ Sickle cell disease _____
☐ Seizure _____
☐ Stroke/TIA _____
☐ Thalassemia _____
☐ Thyroid disorder _____
☐ Psychiatric illness _____
i.e. (bipolar,depression,schizophrenia)

OTHER
1) _____
2) _____

FAMILY MEMBERS:

Relative	**Name**	**Age**	**Health Problems?**
Father			
Mother			
Brother			
Brother			
Sister			
Sister			