

Baptist Primary Care - Mandarin Pediatrics

14810 Old St. Augustine Road, Suite 106

Jacksonville, FL 32258

(904) 268-7701

Medical History

Child's Name _____ 1st Visit Date _____

Date of Birth _____

Race _____ Sex _____ Parent's Marital Status (M) _____ (D) _____ (S) _____

Birth History:

Hospital of Birth? _____

Vaginal _____ C-Section _____ Reason for C-Section? _____

Term _____ (wks) Birth Weight _____ lbs _____ oz Discharge Weight _____ lbs _____ oz

Resuscitation or Oxygen required? _____ NICU required? _____ Length of Stay? _____

Any problems during the pregnancy? _____

Past Medical History: (Has your child ever had):

Seizures: _____

Asthma: _____

Recurrent Ear Infections (more than 4 per year): _____

Surgery: _____

Medication Allergies: _____

Hospitalization for 1 night or more: _____

Delayed Development: _____

Family Medical History: (Siblings, Parents, Aunts, Uncles and Grandparents – Maternal & Paternal)

Allergies: _____ Sickle Cell Disease _____

Asthma: _____ Seizures _____

Bleeding Disorders _____ Stroke _____

Cancer _____ Thalassemia _____

Cardiovascular Disease _____ Thyroid Disease _____

Childhood Deaths _____ Psychiatric Illness: _____

Cystic Fibrosis _____ * Bipolar _____

Diabetes (Type I / II) _____ * Depression _____

Eczema _____ * Schizophrenia _____

High Cholesterol _____

Hypertension _____

Other _____

List All Family Members: Date of Birth Name (First and Last Health Problems?

Mother _____

Father _____

Sibling **Male/Female** _____

Sibling **Male/Female** _____

Sibling **Male/Female** _____

Sibling **Male/Female** _____

Sibling **Male/Female** _____

Sibling **Male/Female** _____