

**BAMA PEDIATRICS**

**920 ROSE DRIVE**

**NORTHPORT, AL 35476**

**Ph (205)333-5900 Fax: (205)333-6090**

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX** \_\_\_\_\_

**DOB** \_\_\_\_\_ **CHART #** \_\_\_\_\_

**DATE :** \_\_\_\_\_

**MOTHER'S HISTORY**

Any complications during pregnancy NO \_\_\_ YES \_\_\_

If yes then list

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

List Medications taken during pregnancy

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**BIRTH HISTORY**

Baby was born on time \_\_\_\_\_ or Early \_\_\_\_\_

Birth Weight \_\_\_\_\_ APGAR Scores if known \_\_\_\_\_

List any problems during labor/ Nursery

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**PAST MEDICAL HISTORY**

List all medical problems

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

List all the medications currently on

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**PAST HOSPITALIZATIONS**

List all hospitalizations and reasons

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List any surgeries in the past

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**FAMILY HISTORY**

	Age	Lives at home Cir- cle	List medical problems if any
Father		Yes NO	
Mother		Yes NO	
Siblings Names		Yes NO	
1.		Yes NO	
2.		Yes NO	
3.		Yes NO	
4.		Yes NO	
5.		Yes NO	