EAST TENNESSEE Children's Hospital

# Sevierville Pediatrics New Patient Medical History

Child's Name: _____ M ( ) F ( ) Date of Birth:__/__/__

## BIRTH HISTORY:

Born at (hospital, city and state): _____

Delivery: ( ) vaginal ( ) vacuum assist Gestational age: ( ) full term
( ) induced ( ) forceps assist ( ) weeks
( ) C-section

Birth weight: _____ Discharge weight (if known): _____
Birth length: _____
Mom's blood type (if known): ____
Infant's blood type (if known): ____
Group B strep status: ( ) pos ( ) neg ( ) unknown

## PREGNANCY HISTORY:

| | | Comments: |
|---|---|---|
| Pregnancy complications | ( ) yes ( ) no | _____ |
| High blood pressure | ( ) yes ( ) no | _____ |
| Gestational diabetes | ( ) yes ( ) no | _____ |
| Tobacco use | ( ) yes ( ) no | _____ |
| Alcohol use | ( ) yes ( ) no | _____ |
| Other drugs | ( ) yes ( ) no | _____ |
| Birth complications | ( ) yes ( ) no | _____ |

## PAST MEDICAL HISTORY:

Medical issues (such as asthma, seasonal allergies, diabetes, etc.): _____

_____
_____
_____
_____
_____
_____
_____
_____

## PAST MEDICAL HISTORY (cont):

Prior hospitalizations: ( ) yes ( ) no Comments: _____
Prior surgeries: ( ) yes ( ) no Comments: _____

Allergies: ( ) NKDA List: _____

Current Medications: Name | Dosage | Frequency
(or attach list) _____
_____
_____

## FAMILY HISTORY:

Please indicate if there is a family member with any of the following conditions:

| Condition: | Family member(s) affected (specify maternal or paternal): |
|---|---|
| Asthma | ( ) yes ( ) no _____ |
| Heart disease | ( ) yes ( ) no _____ |
| Heart attack | ( ) yes ( ) no _____ |
| Diabetes | ( ) yes ( ) no _____ |
| Seizures | ( ) yes ( ) no _____ |
| Blood disorders | ( ) yes ( ) no _____ |
| High blood pressure | ( ) yes ( ) no _____ |
| Mental illness | ( ) yes ( ) no _____ |
| Cancer | ( ) yes ( ) no _____ |
| Kidney disease | ( ) yes ( ) no _____ |
| Other disease(s) | ( ) yes ( ) no _____ |

Comments: _____

( ) No known health problems in family

Parent/Legal Guardian Signature: _____ Date: ___/___/___