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**PEDIATRIC PATIENT INTRODUCTION**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_

MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH WEIGHT/LENGTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT WEIGHT/LENGTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: M F # OF SIBLINGS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APGAR SCORES: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

TYPE OF BIRTH: NORMAL VAGINAL \_\_\_ FORCEPS \_\_\_ BREECH \_\_\_ CESAREAN \_\_\_

 HOME: \_\_\_ HOSPITAL: \_\_\_ BIRTHING CENTER: \_\_\_

PROBLEMS

DURING PREGNANCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROBLEMS

DURING LABOR/DELIVERY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAS THERE PRESENCE AT BIRTH OF: JAUNDICE (YELLOW) \_\_\_\_\_\_\_\_\_\_\_\_ CYANOSIS (BLUE) \_\_\_\_\_\_\_\_\_\_\_\_\_

CONGENITAL ANOMALIES/DEFECTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEEDING: BREAST \_\_\_\_\_\_\_\_ BOTTLE \_\_\_\_\_\_\_\_ FORMULA \_\_\_\_\_\_\_\_\_

# OF HOURS SLEEP AT NIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QUALITY OF SLEEP: GOOD \_\_\_ FAIR \_\_\_ POOR \_\_\_

HAS THE CHILD EVER BEEN SEE ON AN EMERGENCY BASIS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF TODAY’S APPOINTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (OVER)

PREGNANCY HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELIVERY/BIRTH HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEVELOPMENTAL HISTORY- AT WHAT AGE DID THE CHILD:

\_\_\_\_\_\_\_\_\_\_ RESPOND TO SOUND \_\_\_\_\_\_\_\_\_\_ CRAWL

\_\_\_\_\_\_\_\_\_\_ FOLLOW OBJECT WITH EYES \_\_\_\_\_\_\_\_\_\_ STAND

\_\_\_\_\_\_\_\_\_\_ HOLD HEAD UP \_\_\_\_\_\_\_\_\_\_ WALK ALONE

\_\_\_\_\_\_\_\_\_\_ SIT ALONE

CHILDHOOD DISEASES:

\_\_\_\_\_\_\_\_\_\_ CHICKENPOX \_\_\_\_\_\_\_\_\_\_ RUBELLA

\_\_\_\_\_\_\_\_\_\_ MUMPS \_\_\_\_\_\_\_\_\_\_ RUBEOLA

\_\_\_\_\_\_\_\_\_\_ MEASLES \_\_\_\_\_\_\_\_\_\_ PERTUSSIS (WHOOPING COUGH)

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS THE CHILD EVER SUFFERED FROM:

|  |  |  |  |
| --- | --- | --- | --- |
| * DIZZINESS
 | * BACKACHES
 | * HEART TROUBLE
 | * CHRONIC EARACHES
 |
| * DIABETES
 | * TUBERCULOSIS
 | * HYPERTENSION
 | * COLDS/FLU
 |
| * ARTHRITIS
 | * HEADACHES
 | * ASTHMA
 | * ALLERGIES
 |
| * NEURITIS
 | * DIGESTIVE DISORDERS
 | * SINUS TROUBLE
 | * CONSTIPATION
 |
| * ANEMIA
 | * RHEUMATIC FEVER
 | * ORTHOPEDIC PROBLEMS
 | * DIARRHEA
 |
| * POOR APPETITE
 | * HYPERACTIVITY
 | * SUGAR CONCENTRATION
 | * BEHAVIORAL PROBLEMS
 |
| * BED WETTING
 | * CONVULSIONS
 | * PARALYSIS
 | * MUSCLE JERKING
 |
| * FAINTING
 | * WALKING PROBLEMS
 | * BROKEN BONES
 | * RUPTURES/HERNIAS
 |
| * NECK PROBLEMS
 | * ARM PROBLEMS
 | * LEG PROBLEMS
 | * “GROWING PAINS”
 |
| * JOINT PROBLEMS
 | * BLOOD DISORDERS
 | * STOMACH ACHES
 | * OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

PRESENT HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURGERY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCIDENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The statements made on this form are accurate to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**