NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE LAST FIRST

AHC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FATHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/TOWN:\_\_\_\_\_\_\_\_\_\_ PC:\_\_\_\_\_\_\_\_ PROV:\_\_\_\_\_\_

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S WORK PLACE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FATHER’S WORK PLACE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_\_\_ BIRTH WEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX:\_\_\_\_ NUMBER OF SIBLINGS:\_\_\_\_\_\_\_ BIRTH LENGTH:\_\_\_\_\_\_\_ CURRENT LENGTH:\_\_\_\_\_\_\_\_\_

BIRTH: NORMAL VAGINAL FORCEPS CESAREAN BREACH

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

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

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

THERE A PRESENCE AT BIRTH OF: CYANOSIS\_\_\_\_\_\_ JAUNDICE\_\_\_\_\_\_\_\_\_ APGAR SCORES: \_\_\_\_\_\_\_\_\_\_

 (BLUE) (YELLOW)

GENITAL ANOMALIES/DEFECTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NO. OF HOURS OF SLEEP PER NIGHT:\_\_\_\_\_\_\_\_\_ QUALITY OF SLEEP: GOOD FAIR POOR

OBSTETRICIAN/MIDWIFE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME LOCATED AT

PEDIATRICIAN/FAMILY MD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME LOCATED AT

Date of Last Visti to MD:\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMMUNIZATION HISTORY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF THIS APPOINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS YOUR CHILD EVER BEEN TREATED ON AN EMERGENCY BASIS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**INSURANCE/BILLING INFORMATION:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **POLICY #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR CARE OF A MINOR**

*I HEREBY AUTHORIZE THIS CLINIC AND IT’S DOCTOR(S) TO ADMINISTER CARE AS THEY SO DEEM NECESSARY TO MY SON/DAUGHTER/WARD (UPON APPROVAL OF PARENT OR GUARDIAN)*

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WITNESSED:** ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_

*I REALIZE THAT I AM RESPONSIBLE FOR ALL FESS CHARGED BY THIS CLINIC AND THAT I WILL PAY FOR ALL SERVICES AS THEY ARE PERFORMED XRAYS REMAIN PROPERTY OF THE CLINIC*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEVELOPMENTAL HISTORY: AT WHAT AGE DID THE CHILD:

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

 HOLD HEAD UP\_\_\_\_\_\_\_\_\_\_\_ STAND\_\_\_\_\_\_\_\_\_\_

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

 FOLLOW AN OBJECT WITH HIS/HER EYES\_\_\_\_\_\_\_\_\_

CHILDHOOD DISEASE: CHICKENPOX\_\_\_\_\_\_\_\_\_ RUBELLA\_\_\_\_\_\_\_\_\_

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

 MEASLES\_\_\_\_\_\_\_\_\_ WHOOPING COUGH\_\_\_\_\_\_\_\_

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

HAS THIS CHILD SUFFERED FROM:

|  |  |  |
| --- | --- | --- |
| Dizziness\_\_\_\_\_\_ | Backaches\_\_\_\_\_ | Chronic Earaches\_\_\_\_\_ |
| Diabetes\_\_\_\_\_\_\_ | Tuberculosis\_\_\_\_\_ | Heart Trouble\_\_\_\_\_\_ |
| Arthritis\_\_\_\_\_\_\_\_ | Headaches\_\_\_\_\_\_ | Hypertension\_\_\_\_\_\_\_ |
| Neuritis\_\_\_\_\_\_\_\_ | Digestive Disorder\_\_\_\_\_\_ | Sinus Trouble\_\_\_\_\_ |
| Anemia\_\_\_\_\_ | Rheumatic Fever\_\_\_\_\_\_ | Orthopedic Problems\_\_\_\_\_\_ |
| Poor Appetite\_\_\_\_\_ | Hyperactivity\_\_\_\_\_\_ | Sugar Concentration\_\_\_\_\_ |
| Bed Wetting\_\_\_\_\_\_\_ | Convulsions\_\_\_\_\_\_ | Paralysis\_\_\_\_\_\_ |
|  Fainting\_\_\_\_\_\_\_ | Walking Problems\_\_\_\_\_\_\_ | Broken Bones\_\_\_\_\_\_ |
| Neck Problems\_\_\_\_\_ | Arm Problems\_\_\_\_\_\_ | Leg Problems\_\_\_\_\_\_\_ |
| Joint Problems\_\_\_\_\_\_ | Blood Disorders\_\_\_\_\_\_\_\_ | Stomach Aches\_\_\_\_\_\_\_\_\_\_ |
| Cold/Flu\_\_\_\_\_ | Allergies\_\_\_\_\_\_ | Constipation\_\_\_\_\_ |
| Ruptures/Hernias\_\_\_\_\_ | Behavioral Problems\_\_\_\_\_\_\_\_ | Diarrhea\_\_\_\_\_ |
| “Growing Pains” \_\_\_\_\_\_ | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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

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

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

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