



# Raising Sages

## Integrative Pediatrics

### NEW PATIENT MEDICAL HISTORY INTAKE

#### PREGNANCY HISTORY

- Pregnancy Health Issues:  None \_\_\_\_\_
- Duration of Pregnancy (Weeks): \_\_\_\_\_
- Method of Delivery:  Vaginal  C-Section  Home/Birth Center  Hospital: \_\_\_\_\_
- Medicines taken in Pregnancy during delivery: \_\_\_\_\_
- Check all that apply:  GBS  Hep B  Blood Group Incompatibility  Multiple Birth  High Risk Preg.

#### NEWBORN HISTORY

- Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_ Head Circumference: \_\_\_\_\_
- APGAR SCORES: \_\_\_\_\_ . Hearing Screen?  N/A  PASS  FAILED Right/Left/Both
- Newborn Screen?: Y/N Erythromycin Eye Ointment? Y/N Hepatitis B Vaccine? Y/N Vitamin K? Y/N
- Jaundice? Y/N Phototherapy? Y/N Low Blood Sugar? Y/N Feeding: Breast/ Formula/ Both
- Newborn Period Complications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PAST MEDICAL HISTORY

- Hospitalizations:  None \_\_\_\_\_  
\_\_\_\_\_
- Surgeries:  None \_\_\_\_\_
- Chronic/Recurrent Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

#### CURRENT/ ACTIVE MEDICAL PROBLEMS/ DIAGNOSES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### MEDICINES NONE

- \_\_\_\_\_
- \_\_\_\_\_

#### ALLERGIES NONE

\_\_\_\_\_



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VACCINES     We do not vaccinate our child     We are on an alternative schedule     Up to Date for Age

FAMILY HISTORY (Please list any significant family history of issues that affect children (Genetic, Neurologic, Auto-Immune, Allergic, etc) and who was affected:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Aunt/Uncles: \_\_\_\_\_

### SOCIAL HISTORY

- INTACT FAMILY? Yes/ No    If No, joint custody? Yes    No
- SIBLINGS? # Brothers \_\_\_\_\_ # Sisters \_\_\_\_\_
- Pets? None.    Yes.    What kind? \_\_\_\_\_
- Exposure to Tobacco Smoke? Yes    No
- Firearms in home locked away from access to children? N/A    Yes    No
- Does your child brush his/her teeth and are established with a dentist (> 1 year of age): Yes    No
- Do any of your child's caregivers have significant dental disease that has not been seen by a dentist in the last year?  
Yes    No

Any Tuberculosis Risk Factors?:

- Child born in developing country? Yes    No
- Child spent more than 1 week in developing country for more than 1 week? Yes    No
- Any family member or close contact tested positive for TB disease in last year? Yes    No
- Child spend time with anyone who has been in jail, homeless shelters, uses drugs or is HIV positive?  
Yes    No