# Tanasbourne Pediatrics, LLC

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## Patient Intake Form

Patient name: _____ Date of Birth: _____/_____/_____

Date of Service: _____/_____/_____

### Birth History - Pregnancy

Did mother:

Smoke? ( ) Yes ( ) No

Drink alcohol? ( ) Yes ( ) No

Use drugs/medications? ( ) Yes ( ) No

*If yes, what kind(s)?*_____

_____

Experience illness/complications? ( ) Yes ( ) No

*If yes, what kind(s)?*_____

_____

### Birth History - Delivery/Newborn Period:

Delivery Type: ( ) Vaginal ( ) C-section

Gestational Age: _____ Birth Weight: _____

Date hepatitis B given: _____/_____/_____

Problems in newborn period: _____

_____

_____

_____

_____

### Patient Medical History:

( ) ADD/ADHD
( ) Allergies
( ) Anxiety/Depression
( ) Arthritis
( ) Asthma
( ) Cancer/Oncology
( ) Diabetes/mellitus
( ) Eating disorder
( ) Eczema
( ) Headaches
( ) Hearing Loss
( ) Heart murmur
( ) Immune deficiency
( ) Inflammatory bowel disease
( ) Jaundice
( ) Meningitis
( ) Otitis media
( ) Pneumonia
( ) Prematurity
( ) Scoliosis
( ) Seizures
( ) Sickle cell
( ) Strep throat (recurrent)
( ) Thyroid disease
( ) Tuberculosis
( ) UTI
( ) Varicella (chickenpox)
( ) Vision problems
( ) Other: _____

_____

_____

### Patient Surgical History:

( ) Adenoidectomy
( ) Appendectomy
( ) Circumcision
( ) Cleft lip
( ) Cleft palate
( ) Cosmetic Surgery
( ) Fracture surgery
( ) Heart surgery
( ) Hernia repair
( ) Inguinal hernia
( ) Lymph node biopsy
( ) Tonsillectomy
( ) Ear tubes
( ) Umbilical hernia
( ) Undescended testicle surgery
( ) Other: _____

_____

_____



***MORE QUESTIONS ON THE BACK SIDE →***

## Family History

Have any family members had the following conditions? Please mark an 'X' by each condition that applies.

| Family Member Name: | Date of Birth: | Lives with patient? | **No Known Problems** | Other | ADHD | Allergy-Severe | Arthritis | Asthma | Birth Defects | Bleeding Problem | Clotting Disorder | Depression | Developmental Delay | Diabetes | Early Death | Eczema | Hearing Loss | Heart Defect | Heart Disease | High Blood Pressure | High Cholesterol | Kidney Disease | Rheumatologic Disease | Seizures | Substance Abuse | Sudden/Unexplained Death | Thyroid Disease | Vision Loss |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother: | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father: | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sibling: | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sibling: | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Gma: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Gpa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paternal Gma: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paternal Gpa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**List any other conditions (by family member):**