SAVANNAH INTEGRATIVE PEDIATRICS

132 Stephenson Avenue Suite 201
Savannah, Georgia 31405
ph 912.567.3700 ▪ fax 912.567.3701

PEDIATRIC NEWBORN RECORD

Welcome to our office. Please complete this form as it will help us learn more about your child and allow us to provide a better experience.

DATE (fecha)_____
Patient's name (Nombre de paciente) _____, _____
LAST NAME (Apellido) FIRST (Primer nombre) MIDDLE
Date of Birth (Fecha de Nacimiento) __ / __ / ____

CURRENT INFORMATION

1. List any questions or problems that are concerning you _____
   _____
2. How is your child being fed: ☐ Breast ☐ Formula Brand of Formula _____
3. Is your child taking vitamins? ☐ Yes If yes, what type? _____ ☐ No

PAST HISTORY

1. Did you experience any unusual illness or complications during pregnancy? ☐ Yes ☐ No
   a. If yes, please explain: _____
2. Where was your baby born? ☐ Hospital ☐ Clinic ☐ Home ☐ Other _____
3. Name of doctor or midwife that delivered your baby: _____
4. What was your baby's weight at birth? _____ lbs _____oz
5. Did your baby experience difficulties during the newborn period? ☐ Yes ☐ No
   a. If Yes, please explain: _____

FAMILY HISTORY

1. Is this child's father living? ☐ Yes ☐ No What is his age? ____ In good health? ☐ Yes ☐ No
2. Is this child's mother living? ☐ Yes ☐ No What is her age? ____ In good health? ☐ Yes ☐ No
3. How many other children are in the family? ____ What are their ages? _____
4. Are your other children in good health? ☐ Yes ☐ No
   a. If No, please explain: _____
5. Do any family members have a history of:
   ☐ Allergies ☐ Anemia ☐ Asthma ☐ Convulsions ☐ Developmental Delays
   ☐ Diabetes ☐ Migraines ☐ Recurring ear infections ☐ Tuberculosis
6. Does your child have any allergies? ☐ Yes ☐ No
   a. If Yes, please explain: _____
7. Please list any other medical conditions in your family not listed above: _____
8. Has your child had any surgeries? ☐ Yes ☐ No
9. Are their significant family or marital problems? ☐ Yes ☐ No
10. Are there significant problems in income, housing, or sleeping arrangements affecting your child?
    ☐ Yes ☐ No
11. Do the adults in the family usually agree on the raising of this child? ☐ Yes ☐ No
    a. If No, please explain: _____