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Bright Future Pediatrics, P.S.C.

Child's Name: _____
Your Name: _____
Date: _____
Relationship with child: _____

Do you have a record of immunizations? ☐ Yes ☐ No
Do we have a copy? ☐ Yes ☐ No
Is this child yours by: ☐ Birth ☐ Adoption ☐ Stepchild
☐ Other: _____
Does this child have any communication needs due to vision, hearing or cognitive issues? ☐ No ☐ Yes

If yes, explain _____

_____

Child's Past Medical History

Type of Delivery: ☐ C-Section ☐ Vaginal
Premature: ☐ No ☐ Yes # of weeks? _____
Any complications (bleeding, early labor, infection, etc)
☐ No ☐ Yes If yes, what? _____

_____

Apgar Score: _____
Birth weight: _____
Date of Birth: _____

Medications

ALLERGIES to medicine/vaccine (list and describe reaction)

_____
_____
_____

Hospitalizations and/or Surgeries

Date	Reason

Social History

Parents are: ☐ Married ☐ Unmarried ☐ Divorced
☐ Other: _____
Who is in the household with child? ☐ Mom ☐ Dad
☐ Siblings #: ___ ☐ Grandparent ☐ Other_____
Does anyone in the household smoke? ☐ No ☐ Yes
Any concerns about school performance? ☐ No ☐ Yes
If yes, explain _____

_____

Any concerns about peer or teach relationships?
☐ No ☐ Yes If yes, explain _____

_____

In the past year, have you or any family member living with you had any problems with the following:
☐ Food ☐ Transportation ☐ Medical Care ☐ Utilities

Family History

Please check the conditions that any of the child's **blood relatives** have had and their relationship to the child as well as on whose side the come from (mom or dad).

Condition	Mom	Dad	Sister	Brother	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad
Allergies	☐	☐	☐	☐	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐	☐
Bleeding Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐
Congenital Malformation	☐	☐	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐
Epilepsy/Seizures	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack before age 55	☐	☐	☐	☐	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐	☐	☐	☐	☐
Hypertension/High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐
Kidney Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Mental/Psychiatric Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Migraines	☐	☐	☐	☐	☐	☐	☐	☐
Problems in School	☐	☐	☐	☐	☐	☐	☐	☐
Sickle Cell Disease	☐	☐	☐	☐	☐	☐	☐	☐
Sickle Cell Trait	☐	☐	☐	☐	☐	☐	☐	☐
Substance Use	☐	☐	☐	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐	☐	☐	☐