



PEDIATRIC ASSOCIATES OF NYC, P.C.

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Medical & Family History

Please print and complete these forms to the best of your ability and bring to your first office visit.

Birth History:

Hospital _____

Ob/Midwife _____

Maternal History _____

Pregnancy Complications/ Prenatal concerns for baby? _____

Delivery Type:

Vaginal _____

C/Section _____

Vacuum Assisted _____

VBAC (vaginal delivery after C/S) _____

Gestational Age:

Full Term (>37 weeks) _____

Preterm _____ weeks

Infant History:

Birth Weight _____

Weight at discharge from the hospital _____

Was the baby breech? YES. NO

Apgar Scores (1-9). ___ / ___

Any Complications? _____

Bilirubin level at discharge _____

Phototherapy. YES. NO

Blood Types. Mother _____ Baby _____ Coombs _____

Screenings:

Hearing. PASS. FAIL

Congenital Cardiac Screen PASS. FAIL

Newborn Screening Number (pink sheet) _____

Hepatitis B

Is the birth mother Hepatitis B carrier? YES. NO

If YES, did the baby receive HBIG vaccine? YES. NO. N/A

Did baby receive Hepatitis B vaccine in the hospital? YES. NO

Patient & Family History

This should include the child (C), child's mother (M) and father (F), child's siblings (S), child's grandparents (G)

Allergies:

Food _____

Medication _____

Environmental _____

Asthma: _____

Blood Disorders/Oncology:

Anemia _____

Sickle cell Trait or Disease _____

Thalassemia Trait or Disease _____

Cancer _____

Platelet Disorder _____

Bleeding Disorder _____

Heart Disease:

Congenital Heart Disease _____

High Blood Pressure _____

High Cholesterol/Triglycerides _____

Heart Attack/Stroke _____

<50 years old. YES. NO

Endocrine Disorders:

Diabetes

Type 1 _____

Type 2 _____

Thyroid Disease _____

Neurologic Disorders:

Seizures _____

Headaches/Migraines _____

Cerebral palsy _____

Spina Bifida _____

Other _____

Kidney Disorders:

Hydronephrosis _____

Urinary Reflux _____

Kidney Malformation/absent kidney _____

Rheumatologic Disorders:

Rheumatoid Arthritis _____

Lupus _____

Kawasaki's Disease _____

Skin Disorders:

Eczema _____

Psoriasis _____

Vitiligo _____

Orthopedic Disorders:

Scoliosis _____

Club Feet _____

Congenital Hip Dysplasia _____

Mental Health:

- ADD/ADHD _____
- Autism _____
- Learning Disabilities/Differences _____
- Anxiety _____
- Depression _____
- Post Partem Depression/Anxiety: _____
- OCD _____
- Substance Abuse _____

Infections:

- Herpes Simplex Outbreaks (1 or 2) _____
- HIV _____
- COVID _____
- Tuberculosis _____

Gastrointestinal Disorders:

- Celiac Disease _____
- Crohn's/Ulcerative Colitis _____
- Irritable Bowel Disease _____
- Hepatitis (B or C) _____

Genetic Disorders:

- Neurofibromatosis _____
- Tuberous Sclerosis _____
- Other _____

Eye Disorders:

- Strabismus/Ambyopia _____
- Congenital cataracts _____
- Glaucoma _____

Please add any other significant medical condition that is not included on the list
