

## **New Patient Intake Form**

Welcome to Somerset Pediatric Group. Please answer the following questions to help us provide the best care for your child.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **M**  **F**

**Siblings (name, age, sex)** \_\_\_\_\_

### **Birth History**

Complications with pregnancy **N**  **Y** \_\_\_\_\_

Weeks gestation at birth \_\_\_\_\_ Birth Weight \_\_\_\_\_ Hospital \_\_\_\_\_

Problems after delivery **N**  **Y** \_\_\_\_\_

### **Health History**

Allergies **N**  **Y** \_\_\_\_\_ Illnesses **N**  **Y** \_\_\_\_\_

Hospitalizations **N**  **Y** \_\_\_\_\_ Surgery **N**  **Y** \_\_\_\_\_

Medications or Supplements **N**  **Y** \_\_\_\_\_

Developmental/School problems **N**  **Y** \_\_\_\_\_

### **Family History**

Siblings, Parents or Grandparents with any of the following:

	Yes	No		Yes	No
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	High Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack before age 50	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disorder	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			

### **Social History**

Languages spoken at home \_\_\_\_\_

Household members:  Mother  Father  Grandmother  Grandfather  Pets  Other

School Grade \_\_\_\_\_