Giombetti & Brady

PEDIATRICS

208 Delaware Avenue, Delmar, NY 12054
Phone: (518) 439-5611

MEDICAL HISTORY

PATIENT & PARENTS

Mother / parent first name _____ **Last** _____

Middle initial _____ **Maiden name** _____ **Age** _____

Father / parent first name _____ **Last** _____

Middle initial _____ **Age** _____

Child's first name _____ **MI** _____ **Last** _____

Date of birth _____ **Patient lives with one or both parents** _____

FAMILY MEDICAL HISTORY

Please consider (in relationship to the patient) medical history for parents, aunts, uncles, grandparents, and siblings. Check any that apply and add detail below; use the back of this form if you need more space.

- ☐ Allergy (non-food)
- ☐ Asthma
- ☐ Cancer
- ☐ Congenital heart disease
- ☐ Eczema
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Celiac disease
- ☐ Irritable bowel
- ☐ Lactose intolerance
- ☐ Inflammatory bowel disease
- ☐ Thyroid issues
- ☐ Arthritis
- ☐ Lupus
- ☐ Epilepsy
- ☐ Diabetes Type 1
- ☐ Diabetes Type 2
- ☐ Migraines
- ☐ Stroke (before age 50)
- ☐ Bleeding disorder
- ☐ Clotting disorder
- ☐ Other genetic abnormality
- ☐ Learning disability
- ☐ Depression
- ☐ Anxiety
- ☐ Autism / Asperger's
- ☐ ADD / ADHD
- ☐ Substance abuse
- ☐ Other mental illness

Details _____

BIRTH HISTORY

Gestation _____ **Delivery:** ☐ Vaginal ☐ C-section

Complications _____

Birth weight _____ **Feeding:** ☐ Breast milk ☐ Formula

Any abnormal testing or ultrasounds during pregnancy? (please explain)

_____

_____

Significant maternal illness during pregnancy? _____

Maternal medications during pregnancy? _____

Thank you for helping us care for your child. Giombetti & Brady Pediatrics, PLLC