Giombetti & Brady Pediatrics PLLC

208 Delaware Avenue
Delmar New York 12054
(518) 439-5611

MEDICAL HISTORY

Mother/Parent first name_____ Last_____

Middle initial_____ Maiden Name_____ Age_____

Father/Parent first name _____ Last_____

Middle Initial_____ Age_____

Child's first name_____Middle initial_____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. Please check (√) any history and detail in space below. If more space is needed please use the back of this form.

___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	

BIRTH HISTORY

GESTATION_____ VAGINAL/ C-SECTION

COMPLICATIONS_____

BIRTH WEIGHT_____ BREAST MILK/ FORMULA

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

Significant maternal illness during
pregnancy?_____

Maternal medications during
pregnancy?_____