

SHAH PEDIATRICS, Inc.

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MEDICAL HISTORY

PREGNANCY: normal or abnormal circle one

NAME: _____ BIRTH DATE _____

DELIVERY: _____ Birth Weight: _____

IMMUNIZATIONS: DPT Series yes () no () Booster DPT yes () no () Oral Polio yes () no () Measles Vaccine yes () no () Mumps Vaccine yes () no () Rubella Vaccine yes () no () TB Test yes () no ()

NEONATAL PERIOD: Jaundice yes () no () Cyanosis yes () no () Convulsions yes () no () Infections yes () no () Other _____

DEVELOPMENTAL HISTORY: Smiled (age) _____ Sat Up _____ Talked _____ Walked _____ Toilet Trained _____

PAST ILLNESSES: Measles yes () no () German Measles yes () no () Mumps yes () no () Chicken Pox yes () no () Scarlet Fever yes () no () Pneumonia yes () no () Ear Infections yes () no () Convulsions yes () no () Kidney Infections yes () no () Anemia yes () no () Allergies/Asthma yes () no ()

SCHOOL: _____ SCHOOL GRADE: _____

Drug Allergies: _____ Other Allergies: _____

OTHER FAMILY HISTORY: ILLNESS: (CLOSE FAMILY) If yes, list relationship Cancer _____ Tuberculosis _____ Diabetes _____ Anemia _____ Heart Attacks _____ Convulsions _____ Allergies / Asthma _____ Kidney Trouble _____ High Blood Pressure _____ Drug or Alcohol Abuse _____ Tobacco Use _____

HOSPITALIZATION / ACCIDENTS / SURGERY _____

FAMILY HISTORY: Mother _____ Age _____ Health _____ Father _____ Age _____ Health _____ Siblings: _____ Age _____ Health _____ _____ Age _____ Health _____ _____ Age _____ Health _____ _____ Age _____ Health _____

NOTES:

PREVIOUS DOCTOR: _____