



CHILDREN'S MEDICAL GROUP, LTD
6780 W. THUNDERBIRD RD., STE A101
PEORIA, ARIZONA 85381
(602) 843-1991 FAX (602) 843-3224

Date ___/___/___

NAME _____ SEX M F DOB ___/___/___

CHILD'S BIRTH HISTORY

AGE AT BIRTH FULL TERM _____(mos) PREMATURE _____(wks)
 BIRTHWEIGHT _____ TIME _____ LENGTH _____ HC _____

DELIVERY NORMAL C-SECTION _____ VAC EX _____ HOSPITAL _____
 OBSTETRICIAN _____

PROBLEMS AT BIRTH NONE JAUNDICE LOW BLOOD SUGAR RESP. DISTRESS MURMUR OTHER
 MOTHER'S BLOOD TYPE _____ CHILD'S BLOOD TYPE _____ COOMBS _____
 APGAR SCORE _____ OTHER _____
 FRACTURE _____ PHOTOTHERAPY _____
 IV FLUIDS/MEDS _____ OTHER _____

NUTRITION FORMULA _____ BREAST **DATE OF HEPATITIS B VACCINE** _____

FAMILY HISTORY

	NAME	AGE
MOTHER	_____	_____
FATHER	_____	_____
SIBLING	_____	_____
SIBLING	_____	_____
SIBLING	_____	_____
SIBLING	_____	_____
SIBLING	_____	_____

AZ DEPT OF HEALTH REQUEST OPTIONAL FOR CHILD / PATIENT ONLY

Race (check all that apply):

White Pacific Islander

Black Native American

Asian Other Unknown

Ethnicity: Hispanic Non-Hispanic

ASTHMA _____ SEIZURES _____ DIABETES _____

BLOOD DISEASES _____ ALLERGIES/HAY FEVER _____ MIGRAINES _____

OTHER _____

PAST MEDICAL HISTORY

ASTHMA _____ CHICKEN POX _____ EAR INFECTIONS DIABETES _____

BLOOD DISEASES _____ THROAT INFECTIONS SEIZURES _____

OTHER _____

HOSPITALIZATIONS _____

SURGERIES _____

ALLERGIES

DRUGS _____

FOODS _____

OTHER _____

CURRENT MEDICATIONS _____

DID YOU BRING IMMUNIZATION RECORDS? _____ YES _____ NO