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Pediatrics

Birth History:

Mother's age at delivery_____ Number of pregnancies_____ Number of deliveries_____

Problems with pregnancy_____ Vaginal or C-section?_____ Full Term?_____

Baby's weight_____ Name of hospital_____ Problems at birth?_____

Past Medical History:

Hospitalizations?_____ Surgeries?_____

Health problems?_____

(asthma, frequent ear, sinus, throat infections, pneumonia, UTI's, broken bones)

Medications:_____

Allergies:_____

Family History: Any relatives with asthma, allergies, diabetes, seizures, cancer?

Social History:

What school or daycare does the child attend?_____

Grade level_____ Grades A B C D F

Who does the child live with?_____

Diet:

Breast or formula_____ Ounces per feed_____ How often?_____

Good appetite? Yes No Growing well? Yes No

Has your child developed normally? Yes No