

Liberty Doctors DBA Tiffany Pediatrics
 215 Town Creek Road
 Aiken SC 29803-5843

NAME OF CHILD:	DATE OF BIRTH:
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BIRTH HISTORY

State, Country where child was born	Pregnancy/Delivery Problems/Complications
Delivery Type:	How many weeks gestation at Birth?
Circle: <input type="radio"/> Vaginal <input type="radio"/> Cesarean	
Was the baby discharged with mother:	Initial Feeding
Circle: YES NO	Circle: Breast Formula
Safety Plan: YES NO	
Birth Weight:	Discharge Weight:

WHO LIVES WITH THE CHILD LISTED ABOVE

NAME	AGE	RELATIONSHIP	HEALTH PROBLEMS

PRESENT MEDICATIONS: PRESCRIPTIONS AND OVER THE COUNTER MEDICATIONS:

PAST SURGICAL HISTORY

DOES THE PATIENT HAVE ANY ALLERGIES TO MEDICATION? YES NO

Medication	Reaction

FAMILY HISTORY

YES NO Alcoholism	YES NO Drug Abuse	YES NO Sickle Cell / Trait
YES NO Anemia	YES NO High Blood Pressure	YES NO Thyroid Problems
YES NO Asthma	YES NO Kidney Disease	YES NO Epilepsy
YES NO Cancer	YES NO Bed-wetting	
YES NO Deafness	YES NO Learning Disability	
YES NO Depression	YES NO Obese	
YES NO Diabetes	YES NO Seizures	

If answered yes to any of the above please explain below:

SOCIAL / CULTURAL HISTORY

School Name:	Grade:
Language spoken at Home:	Daycare: YES NO
Primary Caretaker of the child:	Did the Child repeat any Grades? YES NO
Was the patient adopted? YES NO	Any smoke exposure in the home? YES NO
Animals in the house: YES NO	What Animals?

PAST MEDICAL HISTORY: DOES YOUR CHILD HAVE OR EVER HAD?

Chicken Pox YES NO	Constipation YES NO
Frequent Ear Infections YES NO	Kidney or Bladder Infections YES NO
Problems with ears or hearing YES NO	Frequent headaches YES NO
Nasal Allergies YES NO	Diabetes YES NO
Problems with eyes / vision YES NO	Circumcision (Males) YES NO
Girls (Started Menstrual period?) YES NO	Other: YES NO

Parent or Legal Guardian Signature	Date:
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The above is true and correct to the best of my knowledge