PEDIATRIC PATIENT INTRODUCTION

CHILD'S NAME:		Mother's Name:		DOB:	namoles:
Case Number:		FATHER'S NAME:		DOB:	
Address:	C	ity/Town:	STATE:	ZIP:	
Номе Рноме:	Mother's Work I	PHONE:	Mother's Cel	L PHONE:	
EMAIL:	FATHER'S WOR	к Рнопе:	FATHER'S CE	ll Phone:	
Birth Date:	Age: Sex:	Number of Sibling	GS: REFERRED B	Y:	
BIRTH WEIGHT:	BIRTH LENGTH:	CURRENT WEIGHT:	Curren	LENGTH:	
Third Trimester Presenta	tion: VertexBre	ECHTRA	NSVERSE	Face/Brow	
Type of Birth: Normal V	/aginal Forceps	Cesarean	Suction Cap o	r Vacuum	
LOCATION: HOME	BIRTHING CENTER	Hospital			-
Problems During Pregna	NCY:				
PROBLEMS DURING LABOR/[DELIVERY:	N			
Apgar Scores:	Was there presence at B	IRTH OF: JAUNDICE (YEI	LLOW)? CYAN	osis (Blue)?	
Congenital Anomalies/D	EFECTS? IF YES, PLEASE	Explain?	MERCAL MEATER L	3,237,120	
-	NG PER NIGHT: Q				
	100	1			
AND THE PROPERTY OF THE PROPER	TIL - CANUS				
	Purpose:			The state of the s	
	OTICS YOUR CHILD HAS TAKEN: DU			HIS/HER LIFETIME	
	Leaning All J			Harris Harris	
	Purpose:				
HAS YOUR CHILD EVER BEEN	TREATED ON AN EMERGENCY BASI	S? IF YES, PLEAS	E EXPLAIN:		
	1ENT:				
Insurance/Billing Inform	MATION:	Empli	Policy #:	all days are placed in any	
		TION FOR CARE			
I HERER	Y AUTHORIZE THIS OFFICE AND ITS DO			ESSARY TO MY	
		(UPON APPROVAL OF PARE			
SIGNED:	WITNES	SSED:		DATE	
I REALIZE THA	T I AM RESPONSIBLE FOR ALL FEES CH. X-RAYS REMA	ARGED BY THIS OFFICE AND IN THE PROPERTY OF THIS		ERVICES PROVIDED.	
	SIGNED:		DATE		

PEDIATRIC CASE HISTORY

DELIVERY/BIRTH HISTORY:	Tennal 3	NENTONS	amak Staur		
- 113	атке?	mwellva0	and the second		
s Cast People	'mariol@	Моньцып Жолк Енапит	SOME Property		
AT WHAT AGE DID THE CHILD:		*			
	Fa	lie // Jee Free	love Heve He		
	FOLLOW AN OBJECT WITH HIS/HER EYES HOLD HEAD UP Crawl Stand Walk Alone				
SIT ALONE CR	AWLSTAND) WALK ALOI	NE		
AT WHAT AGE, IF EVER, DID THIS CHILD SUI					
CHICKENPOX Mu	MPS MEASLES	RUBELLA	NO NORTH PROPERTY OF THE		
Rubeola Whoo	PING COUGH	OTHER	MINDAY MARKET HERE TO HE		
HAS THIS CHILD EVER SUFFERED FROM:					
	ORTHOPEDIC PROBLEMS	☐ DIGESTIVE DISORDERS	☐ BEHAVIORAL PROBLEMS		
☐ HEADACHES [Control Street Care	☐ ADD/ADHD		
	ARM PROBLEMS	STOMACH ACHES	☐ RUPTURES/HERNIA		
	LEG PROBLEMS	REFLUX	☐ Muscle Pain		
A A SECOND CONTROL OF A CONTROL	☐ JOINT PROBLEMS	☐ CONSTIPATION	☐ GROWING PAINS		
A STATE OF CHARGE AND CONTRACTOR	☐ BACKACHES	☐ DIARRHEA	☐ ALLERGIES TO		
CATALON CO. ACT CO.	Poor Posture	☐ DIABETES	ALLERGIES TO		
	Scoliosis	☐ Hypertension	ALLERGIES TO		
☐ Colds/Flu		☐ ANEMIA	OTHER		
	BROKEN BONES	☐ BED WETTING	OTHER		
HAS THIS CHILD EVER SUFFERED THE FOLL	OWING SPINAL TRAUMAS?				
☐ FALL IN BABY WALKER	☐ FALL FROM BED	O OR COUCH	LL OFF SKATEBOARD OR SKATES		
		FALL OFF BICYCLE			
			☐ FALL DOWN STAIRS		
			HER		
HAS THIS CHILD EVER SUSTAINED AN INJUI	RY PLAYING ORGANIZED SPORTS	P IF YES, PLEASE EXPLAI	N:		
HAS THIS CHILD EVER SUSTAINED INJURIES	S IN AN AUTO ACCIDENT?	_ IF YES, PLEASE EXPLAIN:	- Codate James de Artes de la competit		
			COLUMN CONSTRUCTOR TOP SEE BY FARM SEED		
Present History:					
	OR CARE OF MINOR	ABJINORIZATION E			
- trans	Annual of Marie and White	THE MOTES CRAWN AST HOURS (MOD	3		
Surgery:		UNKEND TW	10 19 00		
MEDICATIONS:	OF ON STEERING TO SERVICE OF STREET	TO GALIBRITY SHEET LYAPSON TIMEDA	ORE THE LEW CO. TECHNOLOGY		
Accidents:	2740		A.518-345		
FAMILY HISTORY					