FAMILY DOCTORS OF VICKSBURG PC
13320 NORTH BOULEVARD ST. VICKSBURG MI 49097 269-649-2012 FAX: 269-649-3752

New Pediatric Physical

Date: ______________________________

Name: ____ DOB: ____________________________

BIRTH HISTORY

Birth Weight: ________________ Length: ____________________ Head circumference: _______________
Preterm ______ Term _______ Late Term _____ How many weeks gestation? ________________
Were you on any prescription medications during pregnancy? List medications: ______________________
____

Any complications of pregnancy? ___Diabetes ___Hypertension ___Preeclampsia ___Group B strep
___HIV ___Hepatitis B ___other: ____
During pregnancy did you: ____smoke ____drink alcohol ____take drugs
Type of delivery: ____vaginal ____forceps ____induced ____breech ____c-section

NURSERY COURSE

Apgar scores (if known) ____________________ How many days in the nursery? ____________________
Complications:
____ none ____jaundice ____respiratory distress ____feeding problems
____infection ____heart murmur ____low sugar (glucose) ____other__________________
PKU done __yes __no __don't know

FAMILY HISTORY

Father's name __________________________ Mother's name: ____________________________
Check any that apply for family members (parents, grandparents, siblings)
____asthma ____allergy ____heart disease ____heart disease ____depression ____ADHD
____bedwetting Any other diseases that run in the family?_______________

SOCIAL HISTORY

List who lives in the home and their ages:

______________________________ ________________________________
______________________________ ________________________________
______________________________ ________________________________

Does anyone smoke at home? ____yes ____no
Do you have working smoke detectors? ____yes ____no
Are there guns in the home? ____yes ____no
Do you have a pool? ____yes ____no
Will you be using daycare? ____yes ____no where? _______________________