

Name: _____

Date of Birth: _____

Newborn History Form

Welcome to Gwinnett Pediatrics and Adolescent Medicine. We are pleased you have chosen us to care for your baby! Who can we thank for referring you? _____

BIRTH HISTORY:

1. Was your baby full term? YES NO
If no, how many weeks premature? _____
2. Did you have a vaginal or cesarean delivery? _____
If cesarean, please explain why: _____
3. Please describe any problems your baby had right after birth:
NONE _____
4. Did mom have any medical problems during pregnancy? YES NO
If yes, please describe: _____
5. Was your child exposed to tobacco, drugs or alcohol during pregnancy? YES NO
If yes, please describe: _____
6. Did your baby pass the **HEARING** screen in the hospital? YES NO
7. Was your baby born **BREECH** (not head first)? YES NO

FAMILY HISTORY:

Please circle YES if any family members have the following:

High cholesterol >240mg/dl	YES	NO	Who _____	Comments _____
Heart disease or stroke <55yrs old	YES	NO	Who _____	Comments _____
High blood pressure	YES	NO	Who _____	Comments _____
Sudden unexplained death <50yrs	YES	NO	Who _____	Comments _____
Allergies	YES	NO	Who _____	Comments _____
Anemia or Blood disorder	YES	NO	Who _____	Comments _____
Cancer	YES	NO	Who _____	Comments _____
Deafness	YES	NO	Who _____	Comments _____
Diabetes	YES	NO	Who _____	Comments _____
Diabetes/ Thyroid disease	YES	NO	Who _____	Comments _____
Recurrent ear infections/ear tubes	YES	NO	Who _____	Comments _____
Celiac or GI disease, reflux	YES	NO	Who _____	Comments _____
Mental illness/Depression/Anxiety	YES	NO	Who _____	Comments _____
Tuberculosis	YES	NO	Who _____	Comments _____
Seizures/epilepsy/migraines	YES	NO	Who _____	Comments _____
Mental retardation/Autism	YES	NO	Who _____	Comments _____
HIV/AIDS	YES	NO	Who _____	Comments _____
Drug or alcohol abuse	YES	NO	Who _____	Comments _____
Asthma or Wheezing	YES	NO	Who _____	Comments _____
Liver or kidney disease	YES	NO	Who _____	Comments _____

SOCIAL HISTORY:

Who lives in your home? _____

Does anyone who cares for the baby smoke? YES NO If yes, who? _____

Are there pets in the home? YES NO _____

If there are guns in the home, are they locked/secured? YES NO