CFP Physicians Group

NEW PATIENT RECORD

Today's Date _____ Referred By _____

Patient: _____

MR #: _____ DOB: ____/____/____

CURRENT MEDICAL HISTORY

Is the child having any medical problems? ❑ Yes ❑ No

_____

_____

_____

MATERNAL AND NEWBORN HISTORY

Pregnancy (Check problem areas)

❑ Excessive weight gain ❑ Urinary Tract Infection
❑ Excessive swelling ❑ Rubella (German measles)
❑ Pre-Eclampsia (Toxemia) ❑ Venereal Disease
❑ Other: _____

Any use of tobacco, alcohol, or recreational drugs during pregnancy?
❑ No ❑ Yes

HIV status of mother: ❑ Negative ❑ Positive

BIRTH

Hospital of delivery _____

Delivery type: ❑ Vaginal ❑ Cesarean Section

Delivery Assistance: ❑ None ❑ Forceps ❑ Vacuum

Baby was: ❑ Full-term Infant weight _____

Premature: How many weeks? _____

Was labor difficult or prolonged? ❑ Yes ❑ No

Was delivery difficult or complicated? ❑ Yes ❑ No

Explain: _____

NEWBORN

❑ Breast ❑ Formula

Check problem areas:

❑ Feeding problems ❑ Multiple formula changes
❑ Colic ❑ Blood in stools
❑ Recurrent vomiting ❑ Slow weight gain
❑ Recurrent diarrhea ❑ Jaundice
❑ Other: _____

FAMILY MEDICAL HISTORY

	Age	Good Health	Poor Health	Deceased
Father	_____	❑	❑	❑
Mother	_____	❑	❑	❑
Brother(s)	_____	❑	❑	❑
Sister(s)	_____	❑	❑	❑
Gr. Parent(s)	_____	❑	❑	❑

Check if patient or a member of the family has had the following illnesses or problems:

Initial Codes: P = Patient F = Father M = Mother
S = Sister BR = Brother G = Grandparent

❑ Allergies (other than drugs) _____
❑ Allergy shots _____
❑ Asthma _____
❑ Diabetes _____
❑ Drug allergies (other than pt.) _____
❑ Eczema _____
❑ Frequent respiratory infections _____
❑ Chronic cough, recurrent fever, weight loss, night sweats, blood in sputum _____
❑ Tuberculosis _____
❑ Ear tubes _____
❑ Anemia or blood disorders _____
❑ Stomach or intestinal problems _____
❑ Growth problems _____
❑ Seizures _____
❑ Cholesterol problems _____
❑ High blood pressure _____
❑ Heart attack or stroke before age 55 _____
❑ Cancer _____
❑ Hereditary problems _____
❑ Emotional or behavioral problems _____
❑ Alcohol or drug abuse _____
❑ HIV positive _____

History Update

_____

_____

_____

_____, M.D. I.D. #: _____ Date: _____