Brentwood East Pediatrics, L.L.C.

PEDIATRIC INITIAL HEALTH ASSESSMENT

Name of Child	ID Number	Date of Birth
Last Well Child/Adolescent Exam	Date Medical History Obtained	Medical History Source
Nationality		

BIRTH HISTORY

State, Country where child was born			Pregnancy/Delivery problems
Delivery type			Postpartum Complications
Was baby discharged with mother? [ ] Yes [ ] No			Why?
Birth weight lbs. oz.	Apgar		Length of baby's hospital stay

Results of hospital nursery hearing screening:

IMMUNIZATION HISTORY

Immunization record obtained [ ] Yes [ ] No				Immunizations current [ ] Yes [ ] No		
Date of last PPD				Results		
DTP	#1	#2	#3	#4	#5	Booster
OPV	#1	#2	#3	#4		Booster
HIB	#1	#2	#3	#4		
MMR	#1	#2				
HepB	#1	#2	#3			
Varicella *	#1					
Pneumococcal	#1	#2	#3	#4		
Influenza						
Hepatitis A						

* Please document date or age child may have had chicken pox (below) if no vaccine given.

MEDICAL HISTORY

Allergies to Food, Environment, or Medications	
Hospitalizations	
Surgeries	
Injuries/Accidents	
Significant Illnesses	
Sexually Active	☐ Yes ☐ No If yes, method of contraception:
Sexually Transmitted Diseases	☐ Yes ☐ No If yes, describe:

Child has had

☐ Chicken pox date and/or age:_____ ☐ Mumps date:_____