THE MEDICAL GROUP OF NEW JERSEY
HNR Pediatrics LLC, formerly:
Central Jersey Pediatric Group

Central Jersey Pediatrics
Infants, Children and Adolescents
www.cjpediatrics.com

Patient's Name: _____ Date of Birth: _____

Pregnancy/Birth History:

	Yes	No
1. Were there any medical problems during pregnancy?	☐	☐
2. Did the baby come more than 2 weeks earlier or later than expected due date?	☐	☐
3. Did Mom use cigarettes, alcohol or any recreational drugs during pregnancy?	☐	☐
4. Any problem during labor or delivery?	☐	☐
5. Were there any problems during the nursery stay?	☐	☐

If yes for any of the above (#1-4), please explain _____

_____

6. Name of hospital where baby was born _____

7. Type of delivery: Vaginal___ C-section___ If C-section, for what reason? _____

Birth Hospital Discharge information (If known):

8. Baby's birth weight _____ Birth Height_____ Birth Head Circumference _____

9. Baby's blood type _____ Apgar Scores _____

Patient's Past Medical History:

Age:_____ Any major illness, injury, or surgery? _____ When? _____

Is the patient taking any medications at this time? _____

Allergies (food or drug): _____

Family History	Yes	No		Yes	No
1. Birth / Genetic Defects	☐	☐	16. Eye / Vision Problems	☐	☐
2. Hearing Problems	☐	☐	17. Frequent Ear Infections	☐	☐
3. Dental Problems	☐	☐	18. Measles / Mumps /	☐	☐
4. Lung Disease / Cystic Fibrosis	☐	☐	Chickenpox	☐	☐
5. Tuberculosis	☐	☐	19. Asthma / Wheezing	☐	☐
6. Eczema / Skin problems	☐	☐	20. High Blood Pressure	☐	☐
7. Heart Disease / Heart Murmur	☐	☐	21. High Cholesterol	☐	☐
8. Seizure Disorder / Convulsions	☐	☐	22. Developmental delays	☐	☐
9. Migraine / Headaches	☐	☐	23. Diabetes / Thyroid Problems	☐	☐
10. Anemia / Bleeding disorder	☐	☐	24. Sickle Cell Disease	☐	☐
11. Kidney / Bladder Infections	☐	☐	25. Obesity / Overweight	☐	☐
12. HIV / AIDS	☐	☐	26. Hepatitis	☐	☐
13. H. Pylori infection	☐	☐	27. Alcohol or Substance abuse	☐	☐
14. Bone-Muscle-Joint Disease	☐	☐	28. Rheumatoid Arthritis	☐	☐
15. Emotional Disorder / Suicide Attempts	☐	☐	29. Cancer	☐	☐
			30. Other_____		