Hyde Park Pediatrics
Boston Children's
Primary Care Alliance

Newborn/Patient Health Inventory (0-2yrs. old)

Patient's name: _____   Form completed by: _____

Patient date of birth: _____   Relationship: _____

Patient sex: _____   Date completed: _____

HOUSEHOLD

Please list all those living in the child's home

Name	Relationship to child	Birth Date

Are there siblings not listed? If so, please list their names, ages, and where they live.

_____

What is the child's living situation if not with biological parents? (custody arrangement, foster, adoptive, etc.)

_____

BIRTH HISTORY

Birth weight: _____

Was baby born at term? (if not, weeks gestation) _____

Were there any prenatal or neonatal complications? _____

_____

Was a NICU stay required? (if yes, why?) _____

During pregnancy, did mother:

    Use tobacco: Yes _____   No _____

    Drink alcohol: Yes _____   No _____

    Use drugs or medications: Yes (explain) _____   No _____

Was the delivery: Vaginal _____Cesarean (why?) _____Was baby breach? Yes _____ No _____

Was initial feeding: Breastmilk _____   Formula _____

Did the baby go home with mother from the hospital? Yes _____   No (explain) _____

_____

****PLEASE COMPLETE BOTH SIDES****

FAMILY MEDICAL HISTORY

Your child's family health history is important to us. Please indicate whether close relatives (parents, grandparents, siblings, or other if appropriate) have ever been diagnosed with:

Health Issue	Check if yes	Who? Be as specific as possible (ex. mother's mother)	Please provide any known details/ specifics
Asthma			
Bleeding/ clotting disorders			
Childhood deafness			
Heart rhythm problems			
High cholesterol			
Seizures/ epilepsy			
Behavioral, developmental, or educational difficulties (ADD/ ADHD, autism, learning disability)			
Alcoholism/ substance abuse			
Anxiety or depression			
Other mental illness			
Allergies			
Anemia			
Arthritis			
Birth defects			
Cancer (childhood/ early adult)			
Diabetes (childhood/ early adult)			
Heart disease			
Hemochromatosis			
High blood pressure			
Hip dislocation at birth			
Intestinal disorders (Celiac, Crohn's)			
Kidney/ bladder disease			
Stroke			
Thyroid disease			
Other			

****PLEASE COMPLETE BOTH SIDES****