



Please take the time to fill out the following new patient form. The form may be scanned (picture is also acceptable) and emailed back to info@simplypediatrics.com at least 24 hours prior to your child's appointment

Child's Name _____ Date of Birth _____

Parent's name _____ Date of visit _____

Address _____

Home# _____ Cell# _____

Reason for visit? _____

Who referred you? _____

Birth History

Age conception _____ natural/IVF _____ # pregnancies _____

Illness/meds/vaccines during preg _____

sonograms during preg _____

Who delivered your baby and where? _____

Vaginal/c sect _____ # weeks gestation _____ Birth _____ weight _____

Baby go home with mom or stay in hospital (# of days) _____

Breast fed after delivery? _____ Hep B vaccine at birth? _____

Extracurricular activities _____

Parent's Past Medical History (for both partners)

Current/past/childhood illness/delays _____

Current medications/therapies _____

Metal dental fillings _____

History _____ of _____ military _____ work

Diet/sleep/bowel pattern

Breast fed until what age? _____ Type of formula _____

Difficulty feeding/colicky first few months of life? _____

Age solids started? _____ Food sensitivities/allergies? _____

Present diet (include any restrictions; include mom's diet if currently breast feeding): _____

Difficulty _____ falling _____ asleep/staying _____ asleep:

Bowel habit (size, amount, frequency, color, constipation/diarrhea):

Potty trained? _____ Bed wetting? _____

Environment/Electronics

#hours: _____ tv/computer/iphone/ipad etc each day?

Use of electronic devices in bedroom? _____

Pets? _____ Smokers in household? _____

Home built before 1978? _____ Recent construction to home? _____

Body cleansers (soap, shampoo, lotions, creams etc) _____

Household cleaners used? _____

Please use the following space for any additional information you would like to add: