

Steven Margolis, MD
 Christina Munn, PA-C
 Bethany Morrell, PA-C
 Brittany Sharp, FNP-BC



43956 Mound Rd.
 Sterling Heights, MI 48314
 (586) 838-2464
 Fax (586) 221-4614

Complete Family Care

New Patient- Infant / Medical History

Name: _____ Date: ___/___/___ Doctor: _____

Birth date: ___/___/___ Guardian's Name: _____ Relation: _____

Sex: male female Last doctor visit: ___/___/___ Place examined: _____

Family History:

	Name	Yr. of birth	Age, if Living	Age at Death	State of health (including health problems) or cause of death:
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Brothers and Sisters	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Mother's Information: Blood Type _____ RH _____

Check all that apply:

Diabetes Heart Disease Cancer Blood Pressure Issues TB
 Kidney Asthma Lipid Problems (chol. /trig.) Convulsions

Birth & Development:

Type of delivery: _____ Term: _____ Labor Complications: _____

APGAR: _____ Birth Weight: _____ Length: _____ Discharge Weight: _____

Condition: _____ Circumcision: _____ Was baby jaundiced? Yes No

Was oxygen required: Yes No

Milestones:

	Age
Held up head	_____
Sat Alone	_____
Crawl	_____
Walked	_____
Words	_____
Sentences	_____
Teeth	_____
Toilet Trained	_____

Habits:

Sleep _____
 Naps _____
 Play _____
 School _____
 Other _____

Feeding/Nutrition:

Breast Feed? Yes No
 If yes, how long? _____
 Formula (brand): _____
 Vitamins: _____
 Soft foods: _____
 Present diet: _____
 Feeding habits (appetite): _____
 Stools: _____
 Allergies: _____

O V E R

Past History:

General Health: _____
Allergies: _____
Chicken Pox: _____ Rubella: _____
Measles: _____ Mumps: _____
Freq. Cold: _____ Ear Inf.: _____
Throat Inf.: _____ Tonsillitis: _____
Injuries: _____

Hospitalizations: Have you ever been hospitalized? Begin with most recent:

Date:	Operation or Illness:	Hospital:	Physician:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Problem List:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Guardian Signature: _____ **Date:** ____/____/____