



PAPAGO BUTTES
PEDIATRICS

A Division of Arbor Medical Partners

SERGIO SOTELO, MD, FAAP
SCOTT A. CANNON, MD, FAAP
RICHARD H. REZNICK, MD, FAAP
KELSEY E. CHELEMEWSKI, MD, FAAP
BRITTANY WILSON, PA-C

WELCOME TO OUR OFFICE

NEW PATIENT HEALTH INFORMATION

(Please complete this form prior to your visit with our doctors.)

DATE: _____

1. Patient's Name: _____
2. Hospital / Place of Birth: _____
3. Mother's year of birth: _____ Father's year of birth _____
4. Age and Sex of Patient's Siblings: _____
5. Do you smoke? Mother (Y) (N) Father (Y) (N)
6. Family history of illness (*please indicate which family member(s)*):
 - Asthma / Hayfever / Allergy:
 - Diabetes:
 - Epilepsy (Seizures) and/or Neurologic Disorder:
 - High Blood Pressure:
 - Coronary Artery Disease (*55 years and under*)/Strokes:
 - Elevated Cholesterol:
 - Thyroid Disease:
 - Kidney Disease:
 - Blood Disorders:
 - Stomach or Intestinal Disease:
 - Others:
7. Duration of pregnancy: Full term _____ Premature _____
8. Type of delivery: Vaginal _____ Caesarian Section _____
9. Birth weight: _____ Birth length: _____
10. Child's blood type (*if known*): A ____ B ____ AB ____ O ____; Rh:pos ____ / neg ____
11. Apgar Score (*if known*): _____
12. Problems in the newborn period (*jaundice, respiratory distress, sepsis*): _____
13. Did you breast (B) or formula (F) feed this child? B ____ F ____
- 13a. If you breast fed – how long did you breast-feed this child? _____

14. Has this child had any surgeries and/or hospitalizations? Y ___ N ___
(if so, what type surgery and/or hospitalization and when):

14a. Does this child have any chronic (recurrent) illnesses? Y ___ N ___
(if so, what type of illness):

15. Does this child have any known food and/or drug allergies? Y ___ N ___
(if yes, to what - **describe reaction**)

16. Does this child regularly take any medications? Y ___ N ___
(if so, please list medication and dosage)

17. Please include any other health information about your child that you think will be helpful to us in providing proper care.

THANK YOU FOR COMPLETING THIS INFORMATION