LEIGH BAKER, D.O. 5 Fundy Road, Falmouth, Maine 04105 207.846.7666

FORMS Fill out prior to your appointment and bring with you. Call the office with any questions.

CHILD HISTORY/PHYSICAL FORM

(children under 12 years old only)

Todays Date: _____

Month / Day / Year

Name /Age / State of health PATIENTS

Mother / NAME_____

Father / DOB: _____

Sibling /

Sibling / Primary care doctor

Sibling / _____

FAMILY HISTORY:

Allergies:_____ Heart Disease: _____

Diabetes_____ Seizure Disorders_____

Mother's Blood Type_____RH_____ Child's Blood Type_____

BIRTH AND DEVELOPMENT

Term Pregnancy?_____ Delivery type____Vaginal Birth weight_____

___C section

Condition at birth_____ Apgar scores_____

Condition first week_____

Feeding_____ Cyanosis_____

Convulsions_____ Jaundice_____

Sat up_____Stood_____ Walked_____ Words_____

Short sentences_____ Teeth_____Bladder_____Bowel_____

FEEDING HISTORY

Breast_____Formula_____Vitamins_____

Soft food_____Present diet _____Feeding habits _____

Appetite_____ Likes_____Dislikes_____

Vomiting_____Stools_____Sensitivity_____Hives_____

ILLNESSES (Circle)

Pertussis Measles Rubella Mumps Chickenpox Scarlet Fever

Diphtheria Operations Allergy Appendix T and A (tonsillectomy)

Rheumatic Fever Otitis (Ear Infections) Colds Tonsillitis Convulsions

Constipation Diabetes

Other: _____

Parents concerns: _____

_____