



Ponderosa Family Care

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PEDIATRIC RECORD

Dear parents: Welcome to Ponderosa! Please bring this completed form to the first visit as it helps us learn more about your child and how to best care for them and support you.

Child's Name: _____ Birth date: _____

Current Medications, including doses: _____

Date of child's last well child exam: _____

Do you vaccinate your child? (Yes/No) If no, please briefly explain why not: _____

Please list any concerns or questions you would like to discuss: _____

SECTION A: PATIENT HISTORY

1. PREGNANCY, BIRTH AND FIRST WEEK OF LIFE:

A. Were there any unusual illnesses or complications during pregnancy, including abnormal prenatal labs or testing? (Yes/No) If yes, please explain: _____

B. Where was your child born (circle one)? Hospital, Home, Birthing Center, Other

C. Was your child preterm? (Yes/No) If yes, how many weeks early? _____

D. What was your child's birth weight? _____ lbs _____ oz

E. Did your child have any unexpected hospitalizations during the first week of life or need to stay in the NICU after birth? (Yes/No) If yes, please explain: _____

2. ILLNESSES, ALLERGIES AND DEVELOPMENT:

A. Does your child have any chronic conditions? (Yes/No) If yes, please explain:

B. Does your child have any special needs? (Yes/No) If yes, please explain: _____

C. Has your child ever been hospitalized? (Yes/No) If yes, please list reason and date (Month/Year): _____

D. Has your child had any surgeries? (Yes/No) If yes, please list surgery and date (Month/Year): _____

E. List any medication or food allergies including reaction: _____

SECTION B: FAMILY HISTORY

1. Is this child's mother living? (Yes/No) Age? _____ In good health? (Yes/No)
2. Is this child's father living? (Yes/No) Age? _____ In good health? (Yes/No)
3. Number of other children in family: _____ Ages of the other children? _____
 - a. If applicable, are your other children in good health? (Yes/No)
4. Please explain any "no" answers for the above questions 1-3 in the Family History:

5. Is there a family history of any type of illness or disease? (Yes/No)
If yes, please list the illness/disease and who in the family has it: _____

6. Last year in school completed by mother: _____ by father: _____

SECTION C: SOCIAL HISTORY

1. Who lives at home with your child? _____
 2. Who cares for your child during the day? Or if they are in school/daycare, please list name and grade level _____
 3. Anyone in the home who smokes either inside or outside of the home? (Yes/No)
 4. Any animals in the home? (Yes/No) If yes, what kind? _____
 5. Any guns in the home? (Yes/No) If yes, are they locked up? (Yes/No)
 6. Are there any problems with income, housing, sleeping arrangements or food for your child or your family? (Yes/No) If yes, please explain: _____
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7. Do the adults in the family usually agree on the raising and discipline of the child? (Yes/No)

PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORD TO THE OFFICE VISIT