Koala Pediatrics

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Fiona Pakonis, M.D F.A.A.P

Newborn History

Name:	DOB:	Phone:	
☐ MMH ☐ SBMC ☐ Other:		OB:	
# of Pregnancies:	# of Live Births:	Length of Pregnancy:	
Pregnancy Problems:			
Delivery: ☐ Vaginal ☐ C-Section (Reason):			
Delivery Problems:			
Apgars: /	Mothers Blood Type:	Baby's Blood Type:	Coombs:
Birth Weight: lb oz	Length:	Head Size:	Discharge Date:
Feeding: ☐ Breast ☐ Bottle			

Family Health History

Please indicate any relatives that have the following. Use D=dad, M=mom, MGM=mom's mom, MGF=mom's dad, PGM=dad's mom, PGF=dad's dad, B=brother, S=sister, MA=mom's sister, MU=mom's brother, PA=dad's sister, PU=dad's brother

Condition	Relative	Condition	Relative	Condition	Relative
ADHD		Cancer		High Blood Pressure	
Alcohol Abuse/Addiction		Skin Issues		HIV / AIDS	
Allergies		Diabetes		Kidney Disease	
Anemia		Drug Abuse		Lung Disease	
Asthma		Ear Disorders		Migraine	
Bedwetting		Eye Disorders		Developmental Disorder	
Birth defects		Genetic Disorders		Psychiatric Issues	
Blood disorder		Gastrointestinal Disorders		Seizures	
Bone/Joint Disease		Heart Disease		Thyroid Disorder	

Diseases or Problems in Family or Close Relatives, including Infant Deaths and Birth defects: ☐ None

Patient's Medical History – Attach Additional Documentation as Needed

Hospitalizations/surgeries (type, where, when): ☐ None

Injuries: ☐ None

Major Illnesses or Chronic Problems: ☐ None

Allergies: ☐ None

Daily Medications: ☐ None

Development: ☐ Normal ☐ Delays/What Areas:

Immunizations: **Attach record from previous provider / State registry. Please bring to first office visit.**

Systems review – answer yes if these are chronic or ongoing problems

	Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
Headaches	☐	☐	Vomiting	☐	☐	Birthmarks	☐	☐	Bruising	☐	☐	Dizzy Spells	☐	☐
Diarrhea	☐	☐	Fainting Spells	☐	☐	Constipation	☐	☐	Nosebleeds	☐	☐	Seizures	☐	☐
Stomach Pains	☐	☐	Hyperactive	☐	☐	Weakness/Paralysis	☐	☐	Painful Urination	☐	☐	Speech Problems	☐	☐
Visual Problems	☐	☐	Menstrual Cramps	☐	☐	Behavior Problems	☐	☐	Hearing Problems	☐	☐	Bedwetting	☐	☐
Learning Problems	☐	☐	Ear Infections	☐	☐	Swollen Joints	☐	☐	Chest Pain	☐	☐	Limp	☐	☐
Coughing	☐	☐	Acne	☐	☐	Shortness of Breath	☐	☐	Dental Problems	☐	☐	Attention Disorder	☐	☐
Strep Throats	☐	☐	High Blood Pressure	☐	☐	Appetite Problems	☐	☐	Heart Murmur	☐	☐	Other:		