*For all **New** Well-Child Visits, ADD Evaluations, Behavior Evaluations*

Patient History Worksheet Page #2 Name: _____

Pregnancy / Birth History:

1. Any complications or medications taken during the pregnancy? _____
2. Any use of tobacco, alcohol or illegal drugs during pregnancy? _____
3. Where was baby delivered? _____
4. How many gestational weeks completed? (Full term, or premature)? _____
5. What was the birth weight?_____ Length? _____
6. Type of delivery? (SVD, C/S, Induction)_____
7. Complications of delivery or during nursery stay? _____
8. Any abnormalities with Newborn Screen (PKU) or Hearing Screen? _____

Infancy / Early Childhood Development:

1. Formula-fed, Breast-fed, Both? _____
2. Achieved Developmental Milestones? (Walked, Talked, etc. on time?) _____
3. Daycare, Stay at home with mom, Sitter? _____
4. Any concerns about growth and development? _____
5. Any medical problems? _____
6. Received all recommended immunizations? Some? _____

School History:

1. Where and when did child first enter school? _____
2. Any other schools child has attended? _____
3. Current school, grade, teacher? _____
4. Problems noted by teachers? _____
5. Any problems noted with homework? _____
6. Currently, how does child get to/from school? Bus rider, Car rider with _____
   Before/After school care, Other: _____
7. School start time? _____Time home from school? _____Time doing homework?_____
8. Makes/keeps friends well? _____
9. Extracurricular Activities? (Band, Boy/Girl Scouts, Clubs, Dance, Sports)_____

Nutrition / Exercise / Sleep:

1. Does child eat regular meals? (Breakfast, Lunch, Dinner)_____ Or Skips Meals? _____
2. Does child eat snacks regularly (Mid-morning, Afternoon, After Dinner) _____
3. Eats variety of foods (Bread/Grains, Fruits/Veggies, Meats/Beans, Dairy) or picky-eater? _____
4. Any regular exercise? (outside play, individual or team sports/dance) Hours daily? _____
5. Wake up time? _____ Bedtime? _____ Napping? _____
6. Sleeps well? _____ Trouble falling asleep, staying asleep, waking early, Snoring? _____

Discipline methods? _____