BAMA PEDIATRICS

920 ROSE DRIVE

NORTHPORT, AL 35476

Ph (205)333-5900 Fax: (205)333-6090

NAME:_____

AGE: _____ **SEX** _____

DOB _____ **CHART #** _____

DATE : _____

MOTHER'S HISTORY

Any complications during pregnancy NO ____ YES ___
If yes then list
1. _____ 2. _____

3._____ 4. _____
List Medications taken during pregnancy

1. _____ 2. _____

3. _____ 4. _____

BIRTH HISTORY

Baby was born on time_____ or Early _____

Birth Weight _____APGAR Scores if known _____

List any problems during labor/ Nursery

1._____ 2. _____

3._____ 4. _____

PAST MEDICAL HISTORY

List all medical problems

1._____ 2. _____

3._____ 4. _____

List all the medications currently on

1._____ 2. _____

3._____ 4. _____

PAST HOSPITALIZATIONS

List all hospitalizations and reasons

1._____

2._____

3._____

List any surgeries in the past

1._____ 2. _____

3._____ 4. _____

FAMILY HISTORY

	Age	Lives at home Circle	List medical problems if any
Father		Yes NO	
Mother		Yes NO	
Siblings Names		Yes NO	
1.		Yes NO	
2.		Yes NO	
3.		Yes NO	
4.		Yes NO	
5.		Yes NO	

ALLERGIES :
List all known allergies (Medicines and foods) if any

1._____ 2. _____

3._____ 4. _____

SOCIAL HISTORY

Child lives with mother and dad _____ , Mom _____ Dad _____, Grand parents ____ Adoptive/ Foster parents ____.

Live in an individual house_____, apartment._____. Do you use city water_____ or well water _____.

Child stays home ___ or attends day care center/ pre-school _____, School _____.

Mothers Name _____ Occupation _____ Highest education _____

Fathers Name _____ Occupation _____ Highest education _____

Any body smokes at home NO YES. Do you have any pets YES NO.

DEVELOPMENAL HISTORY

New born baby Yes ____ NO _____. If new born baby skip this part.

Child attained all mile stones on time _____ or delayed_____ Attends regular school _____ or special education _____.

Check mile stones mastered at and indicate the age

Mile stones (Birth—1 year)	**YES**	**NO**	**Age**	**Mile stones (Age 1—Onwards)**	**YES**	**NO**	**AGE**
Smiled back				First words (eg. Mama, dada)			
Laugh aloud				Respond to his/her name			
Babble				Run			
Sit up				Walked up stairs			
Crawl				Combine 2 words together			
Stand with support				Talk sentences			
First steps				Potty trained			
Wave bye				Ride Tricycle			
Pat a cake				Ride a bicycle			

PHM

- [ ] Y [ ] N no significant past medical history
- [ ] Y [ ] N abuse / neglect
- [ ] Y [ ] N Allergic Rhinitis
- [ ] Y [ ] N Anemia
- [ ] Y [ ] N Angiodema
- [ ] Y [ ] N Asthma
- [ ] Y [ ] N Asthma Mild Intermittent
- [ ] Y [ ] N Asthma Mild Persistent
- [ ] Y [ ] N Asthma Moderate Persistent
- [ ] Y [ ] N Asthma Sever Persistent
- [ ] Y [ ] N ADHD/ADD
- [ ] Y [ ] N Blood disorder
- [ ] Y [ ] N Bronchitis
- [ ] Y [ ] N CGD
- [ ] Y [ ] N CHF
- [ ] Y [ ] N COPD
- [ ] Y [ ] N Cancer
- [ ] Y [ ] N Cerebral Palsy
- [ ] Y [ ] N Chicken Pox
- [ ] Y [ ] N Concussion
- [ ] Y [ ] N Congenital Heart Disease
- [ ] Y [ ] N Constipation
- [ ] Y [ ] N Croup
- [ ] Y [ ] N Intellectual disability
- [ ] Y [ ] N PDD/ASD
- [ ] Y [ ] N Specific disorder
- [ ] Y [ ] N ASD
- [ ] Y [ ] N Diabetes
- [ ] Y [ ] N MEDICATION / DRUG USE D...
- [ ] Y [ ] N Eczema
- [ ] Y [ ] N Enuresis
- [ ] Y [ ] N Esophageal Reflux
- [ ] Y [ ] N Eyesite Problems
- [ ] Y [ ] N Febrile Convulsion
- [ ] Y [ ] N Fractures
- [ ] Y [ ] N GERD
- [ ] Y [ ] N Headache
- [ ] Y [ ] N Hearing Loss
- [ ] Y [ ] N Heart Disease
- [ ] Y [ ] N Hyperlipidemia
- [ ] Y [ ] N Hypertension
- [ ] Y [ ] N Immunologic Disorder
- [ ] Y [ ] N Influenza
- [ ] Y [ ] N Jaundice
- [ ] Y [ ] N Kidney Disease
- [ ] Y [ ] N Liver, Stomach or Bowel Disease
- [ ] Y [ ] N Lung Abscess
- [ ] Y [ ] N Measles
- [ ] Y [ ] N Previous Mental Illness
- [ ] Y [ ] N Migraine
- [ ] Y [ ] N Mononucleosis
- [ ] Y [ ] N Mumps
- [ ] Y [ ] N Neuro Illness
- [ ] Y [ ] N Osteomyelitis
- [ ] Y [ ] N Otitis Media
- [ ] Y [ ] N Pneumonia
- [ ] Y [ ] N Preterm Infant
- [ ] Y [ ] N Pulmonary Embolism
- [ ] Y [ ] N Thyroid Disorder
- [ ] Y [ ] N Recurrent URI
- [ ] Y [ ] N Scarlet Fever
- [ ] Y [ ] N Seizure
- [ ] Y [ ] N Sinusitis-Multiple
- [ ] Y [ ] N Skin Problems
- [ ] Y [ ] N Skin Abscess
- [ ] Y [ ] N Sleep Apnea
- [ ] Y [ ] N Special Education
- [ ] Y [ ] N Speech Difficulites
- [ ] Y [ ] N Staph Infection
- [ ] Y [ ] N Tonsillitis
- [ ] Y [ ] N Tuberculiosis
- [ ] Y [ ] N URI
- [ ] Y [ ] N UTI
- [ ] Y [ ] N Urticaria
- [ ] Y [ ] N Vesicoureteral Reflux
- [ ] Y [ ] N other past medical history

ER Visits and Hospitalizations

- [ ] Y [ ] N previous emergency room visit
- [ ] average number ofER visits per year
- [ ] Y [ ] N frequent emergency room visits
- [ ] Y [ ] N previous hospitalizations
- [ ] Y [ ] N Endotracheal Tube Insertion
- [ ] Y [ ] N History Unobtainable - HPI
- [ ] Y [ ] N Admission To Hospital MICU
- [ ] Spirometry Peak Expiratory Flow

Allergy History

- [ ] Y [ ] N Allergy Sensitivity Testing
- [ ] Y [ ] N Allergen Desensitization
- [ ] Y [ ] N Insect Allergy
- [ ] Y [ ] N Food Allergy
- [ ] Y [ ] N Latex Allergy
- [ ] Y [ ] N Drug Allergy

Immunizations

- [ ] Y [ ] N Immunizations Reviewed And Current
- [ ] Y [ ] N Immunization Record Unavailable

Surgical HX

- [ ] Y history of prior surgery [For Hx of Tx, use H prefix]
- [ ] Y Myringotomy
- [ ] Y Tonsillectomy With Adenoidectomy
- [ ] Y Adenoidectomy
- [ ] Y Cholecystotomy
- [ ] Y Knee Surgery

- [ ] Y [ ] N past medical/surgical history [use for free text]

Living In-Housing

- [ ] Y [ ] N living in a private residence
- [ ] Y [ ] N living in an apartment
- [ ] Y [ ] N living in a nursing home
- [ ] Y [ ] N living in a foster home
- [ ] Y [ ] N living in a homeless shelter
- [ ] Y [ ] N living in a group home
- [ ] Y [ ] N poverty conditions

Living With

- [ ] Y [ ] N living independently with spouse
- [ ] Y [ ] N living independently
- [ ] Y [ ] N living with parents
- [ ] Y [ ] N living with brother(s)
- [ ] Y [ ] N living with sister(s)
- [ ] Y [ ] N living with step family
- [ ] Y [ ] N living with relatives (other than parents)
- [ ] Y [ ] N living with significant other
- [ ] Y [ ] N living with a roommate
- [ ] Y [ ] N living with legal guardian

Living Enviroment

- [ ] Y [ ] N secondhand tobacco smoke in home
- [ ] Y [ ] N housing heating source
- [ ] Y [ ] N housing cooling source central
- [ ] Y [ ] N housing has inadequate cooling
- [ ] Y [ ] N housing water source not city water
- [ ] Y [ ] N housing water source well
- [ ] Y [ ] N housing water source not city water
- [ ] Y [ ] N exposure to molds
- [ ] Y [ ] N wall-to-wall carpeting
- [ ] Y [ ] N Carpet Removal
- [ ] Y [ ] N Drapery Removal
- [ ] Y [ ] N Mattress / Pillow Covers
- [ ] Y [ ] N Electrostatic Dust Filter
- [ ] Y [ ] N HEPA Filters
- [ ] Y [ ] N Residential type

Recent contact with Animals

- [ ] Y [ ] N recent contact with pets or other animals
- [ ] Y [ ] N recent contact with ___ dog(s)
- [ ] Y [ ] N recent contact with ___ cat(s)
- [ ] Y [ ] N recent contact with ___ bird(s)
- [ ] Y [ ] N recent contact with ___ hamsters
- [ ] Y [ ] N recent contact with ___ guinea pigs
- [ ] Y [ ] N recent contact with ___ rabbits
- [ ] Y [ ] N recent contact with horses
- [ ] Y [ ] N recent contact with dairy cows
- [ ] Y [ ] N recent contact with cattle
- [ ] Y [ ] N recent contact with pets or other animals livi...
- [ ] Y [ ] N recent contact with insects

Education-Child

- [ ] Y [ ] N daily management of child
- [ ] Y [ ] N child is cared for at home
- [ ] Y [ ] N child enrolled in day-care
- [ ] Y currently in school
- [ ] Y currently in school public
- [ ] Y currently in school private
- [ ] Y currently in school at home
- [ ] Y educational level - in grade 1
- [ ] Y educational level - in grade 2
- [ ] Y educational level - in grade 3
- [ ] Y educational level - in grade 4
- [ ] Y educational level - in grade 5
- [ ] Y educational level - in grade 6
- [ ] Y educational level - in grade 7
- [ ] Y educational level - in grade 8
- [ ] Y educational level - in grade 9
- [ ] Y educational level - in grade 10
- [ ] Y educational level - in grade 11
- [ ] Y educational level - in grade 12

Education Cont.

- [ ] Y [ ] N poor school performance
- [ ] Y [ ] N currently in school excelling

Education and Work HX

- education level
- [ ] Y working full time
- [ ] Y working part-time
- [ ] Y currently on disability
- [ ] Y occupation: homemaker
- [ ] Y Employment status - ot...

Alcohol and Drug Use

- [ ] Y alcohol consumption
- [ ] Y social drinker
- [ ] Y never drank alcohol
- [ ] Y stopped drinking alcohol
- [ ] Y drug use

Smoking

- [ ] Y never a smoker
- [ ] Y former smoker
- [ ] Y smoking cigarettes: ___ pack-year history
- [ ] Y former smoker stopped smoking ___ years a...
- [ ] Y former cigar smoker
- [ ] Y former pipe smoker
- [ ] Y former smoker cigarettes
- [ ] Y wishing to stop smoking
- [ ] Y unsuccessful attempt(s) to stop smoking
- [ ] Y exposure to secondhand cigarette smoke

Family History

- Y N ASTHMA
- Y N ALLERGIC RHINITIS
- Y N ATOPIC DERMATITIS
- Y N recurrent bronchopulmonary infections
- Y N reported family history of heart disease
- Y N HYPERTENSION (SYSTEMIC)
- Y N reported previous cholesterol problems
- Y N FAMILY HISTORY OF DIABETES MELL...
- Y N reported family history of cancer
- Y N family history of bleeding problems
- Y N AUTOIMMUNE DISEASE
- Y N AUTOIMMUNE DISEASE
- Y N THYROID DISORDERS
- Y N MIGRAINE HEADACHE
- Y N family history of genetic disease
- Y N family history of chronic disabling diseases
- Y N recurrent upper respiratory infections (URI)
- Y N recurrent bacterial infections
- Y N allergy to certain foods

Mother's Health Status

- Y N family health status - mother's age
- Y N mother deceased at age ___
- Y N family history [use for free text]

Father's Health Status

- Y N family health status - father's age
- Y N father deceased at age ___
- Y N family history [use for free text]

- Y N family history [use for free text]

BAMA PEDIATRICS

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Patient Referral Form for Allergist

Please complete the following information below and fax to our office. Medicaid patients must have a referral from their PCP before an appointment will be scheduled. **We will** contact the patient with the appointment. Please include (2) phone numbers. Please write legibly and fill out form completely.

Patient Name:_____

D.O.B:_____ **SSN#:**_____

Home #:_____ **Mobile#:**_____

Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Email:_____

Reason for Referral:_____

_____

Primary Insurance (Type and Policy#):_____

***Policy Holder's Name & D.O.B:**_____

Secondary Insurance (Type and Policy#):_____

***Policy Holder's Name and D.O.B:**_____

Referring Doctor:_____ **Contact Person:**_____

Office#:_____ **Fax#:**_____

Internal Use:

Scheduled apt time___/___/____ **at**___:____ **with Dr**_____

Pt Notified ____/___/____ **Time:**_____:_____ **By:**_____