

Swarthmore Pediatrics and Family Medicine
630 Fairview rd, STE 210
Swarthmore, PA 19081

Child

Phone: (610) 541-0155

Fax: (610) 541-0158

Stephanie A. Chuipek, M.D.

Cheryl L. Ditzel, CRNP, FNP-BC

Patient's Name: _____ Date of Birth: _____

Gender (circle one): M / F / Other

Address: _____

Patient Preferred Phone Number: _____

Mother's Name: _____

Father's Name: _____

Mother DOB: _____

Father DOB: _____

Mother Cell: _____

Father Cell: _____

Mother Work #: _____

Father Work #: _____

Emergency Contacts:

1.) Name, relation: _____ Phone: _____

2.) Name, relation: _____ Phone: _____

Patient History

Hospital of birth: _____

Type of Delivery: (Circle one) C/Section Vaginal Induction Forceps/Vacuum

Pregnancy Complications: _____

Delivery Complications: _____

Birth Weight: _____ Birth Height: _____

Problems at Birth: _____

NICU Stay: Yes / No

Home with mother: Yes / No

Allergies to Medications: _____

Allergies, General: _____

Hospitalizations, with reasons and years: _____

Surgical History, with reasons and years: _____

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Medications (Name, dosage, how taken):

Patient's last Dental Appointment: _____

Does anyone in the patient's household... Smoke Y/N ; Drink Alcohol Y/N ; Use Drugs Y/N ;

Is Patient in pick one): Daycare _____ ; Pre-K _____

Grade School (which grade) _____

College (which year) _____

People in Household:

Names	Relationship to patient	Age

Family History, circle positives along with noting family member(s) included :

- | | | | |
|-------------------|-------------------------|----------------|-----------------|
| ADHD | Seizures | Deafness | Blindness |
| Heart Disease | Lupus | Celiac Disease | Cystic Fibrosis |
| Asthma | Bipolar Disorder | Arthritis | Kidney Disease |
| Autistic Disorder | Thyroid Disorder | Stroke | Other, specify: |
| Sickle Cell Trait | High Blood Pressure | Depression | |
| Migraines | Blood Clotting Problems | Diabetes | |

Tuberculosis screening: Which country was patient born in? _____

Any Travel outside USA? If yes, where: _____

Any Household contact with Tuberculosis? _____