



Victoria Pediatrics and Adolescent Assoc.  
Dr. Felix F. Regueira

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_/

Newborn History Form

Birth History:

- 1. Was your baby full term? Yes No Birth weight \_\_\_\_\_ Length \_\_\_\_\_
If not, how many weeks premature? \_\_\_\_\_
2. Did you have a vaginal or cesarean delivery? \_\_\_\_\_
If cesarean, please explain why. \_\_\_\_\_
3. Please describe any problems your baby had right after birth. \_\_\_\_\_
4. Did mom have any problems during pregnancy? If yes please describe. Yes No
5. Was your child exposed to tobacco, alcohol or drugs during pregnancy? Yes No
If yes, describe, \_\_\_\_\_
6. Did your baby pass the HEARING screen in the hospital? Yes No
7. Was your baby born BREECH (not head first)? Yes No
8. Place of birth \_\_\_\_\_

New Patients: (Please explain)

Surgeries Yes No \_\_\_\_\_

Hospitalizations Yes No \_\_\_\_\_

Family History:

Please circle Yes/No if any family members have the following and specify relationship:

- High cholesterol Yes No \_\_\_\_\_
Heart Disease Yes No \_\_\_\_\_
High Blood Pressure Yes No \_\_\_\_\_
Sudden unexplained death Yes No \_\_\_\_\_
Allergies Yes No What type \_\_\_\_\_
Anemia or Blood Disorder Yes No \_\_\_\_\_
Cancer Yes No What type \_\_\_\_\_
Deafness Yes No \_\_\_\_\_
Diabetes Yes No \_\_\_\_\_
Thyroid disease Yes No \_\_\_\_\_
Recurrent ear infections/Ear tubes Yes No \_\_\_\_\_
Celiac or GI disease/Reflux Yes No \_\_\_\_\_
Mental Illness/Depression Yes No \_\_\_\_\_
Tuberculosis Yes No \_\_\_\_\_
Seizures/Epilepsy/Migraines Yes No \_\_\_\_\_
Mental Retardation/Autism Yes No \_\_\_\_\_
HIV/AIDS Yes No \_\_\_\_\_
Drugs/Alcohol Abuse Yes No \_\_\_\_\_
Asthma or Wheezing Yes No \_\_\_\_\_
Liver or Kidney Disease Yes No \_\_\_\_\_
Learning Disorders Yes No What kind? \_\_\_\_\_

Social History:

Who lives in your home? \_\_\_\_\_

Does anyone who cares for your baby smoke? \_\_\_\_\_

Are there pets in the home? Yes No \_\_\_\_\_

If there are guns in the home, are they locked and secured? Yes No \_\_\_\_\_