

**Anita Sabeti, M.D Pediatrician**  
**Medical History Form – Please Sign**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Prenatal history:**

Any complication during pregnancy: \_\_\_\_\_

History of alcohol, drug, medication or smoking during pregnancy: \_\_\_\_\_

**Birth history:**

Birth weight: \_\_\_\_\_ Birth length: \_\_\_\_\_

Delivery: Natural or C/section \_\_\_\_\_ Full term or Pre-term \_\_\_\_\_

Complication (if any): \_\_\_\_\_

**Neonatal illnesses:** (Check if any)

- Jaundice
- Fever
- Seizure
- Infection
- Feeding problems
- Congenital disease
- Other:

**Past medical history:** (Check if any)

- Asthma
- Heart disease
- Kidney disease
- Seizure
- Anemia
- Infection (Urine, Ear, Lung, Skin, etc.): explain \_\_\_\_\_
- Others: \_\_\_\_\_
- Hospitalization: \_\_\_\_\_
- Surgery: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Developmental history:**

Smiled: \_\_\_\_\_ Sat: \_\_\_\_\_ Crawled: \_\_\_\_\_ Stood: \_\_\_\_\_

Walked: \_\_\_\_\_ First word: \_\_\_\_\_ Made sentence: \_\_\_\_\_

Toilet trained: \_\_\_\_\_

Any concern: \_\_\_\_\_

**Nutrition history:**

- Breast fed (How long) \_\_\_\_\_
- Bottle fed
- Picky eater
- Vegetarian

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**Medication:**

Please list medications and their reason:

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**Family history:**

- Diabetes
- Heart disease
- High blood pressure
- Asthma and Allergy
- High cholesterol
- Cancer
- Seizure
- Mental disorder
- Thyroid disease
- Other

**Health status of:**

- Mother: age \_\_\_\_\_, \_\_\_\_\_
- Father: age \_\_\_\_\_, \_\_\_\_\_
- Sibling age \_\_\_\_\_, \_\_\_\_\_
- Sibling age \_\_\_\_\_, \_\_\_\_\_
- Sibling age \_\_\_\_\_, \_\_\_\_\_
- Sibling age, \_\_\_\_\_, \_\_\_\_\_

**Comments:**

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Patient's name: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date