

BAYSIDE PEDIATRIC SPECIALISTS P.C.
23-25 BELL BLVD.
BAYSIDE N.Y. 11360

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Birth/Medical/Social/Family Health History

Patient: _____

Date of Birth: _____

Birth History

Full Term Pre Term Vaginal C-section

Week's gestation: _____ **Complications:** _____

Patient's Past Medical / Surgical History / Allergies:

Social History:

Patient lives with: _____

Parents are: married divorced separated other: _____

Mother's occupation: _____

Father's occupation: _____

Siblings older: _____

younger: _____

Family Health History (High BP, Diabetes, Cancer etc.):

Mother: _____

Maternal Grandmother: _____

Maternal Grandfather: _____

Father: _____

Paternal Grandmother: _____

Paternal Grandfather: _____

Other relative: _____