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Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male () Female ()  
Form Completed by: \_\_\_\_\_ Relationship \_\_\_\_\_

Pregnancy and Birth History	Social History
Hospital Born at: _____ Illness during pregnancy: No Yes _____ Medications During Pregnancy: No Yes _____ Alcohol/Drug Abuse? No Yes _____ Problems at birth: _____ Birth weight _____ Gestation: _____ Received Hepatitis B Vaccine at Birth? No Yes, Date: _____ Passed hearing screen: _____	Who lives in patients household? _____? What kind of pets: _____ Water Source(well, city of Dover, etc.) _____ Primary Language spoken in home? _____ Smoke Exposure(including secondary) Yes No _____

Does your child have any know drug allergies? \_\_\_\_\_

Family History	Patient Medical History
Has anyone in your family suffered from the following?	Has your child ever suffered any of the following?

	RELATION				
Allergies _____	Y	N	Allergies _____	Y	N
Asthma _____	Y	N	Asthma _____	Y	N
TB/Lung Disease _____	Y	N	Chicken Pox (year) _____	Y	N
HIV/AIDS _____	Y	N	Frequent Ear infections _____	Y	N
Suicide Attempts _____	Y	N	Vision/hearing problems _____	Y	N
Heart Disease _____	Y	N	Skins Problems (eczema) _____	Y	N
High Blood Pressure _____	Y	N	TB/Lung Disease _____	Y	N
High Cholesterol _____	Y	N	Seizures _____	Y	N
Blood Disorder (sickle cell) _____	Y	N	High Blood Pressure _____	Y	N
Diabetes _____	Y	N	Heart Defects/Disease _____	Y	N
Seizure _____	Y	N	Liver Disease/Hepatitis _____	Y	N
Mental Illness _____	Y	N	Diabetes _____	Y	N
Cancer _____	Y	N	Kidney Disease _____	Y	N
Birth Defects _____	Y	N	Physical /Learning Disabilities _____	Y	N
Hearing Loss _____	Y	N	Bleeding disorders/hemophilia _____	Y	N
Speech Problems _____	Y	N	STD's _____	Y	N
Kidney Disease _____	Y	N	Emotion/Behavior Problems _____	Y	N
Alcohol Abuse _____	Y	N	Depression/Suicidal Thoughts _____	Y	N
Hepatitis/Liver Disease _____	Y	N	Hospitalization/Surgeries _____	Y	N
Thyroid Disease _____	Y	N	Physical/Emotional/Sexual Abuse _____	Y	N
Learning Problems/ADHD _____	Y	N	Bone or joint injuries _____	Y	N
Family Violence _____	Y	N	Obesity/Eating disorders _____	Y	N