Mamoon Mahmoud, MD Valerie Agbeko, MD
Melissa Dean, PA-C Morgan Zucchino, PA-C
Victoria Wetherbee, NP

740 South New St. Dover, DE 19904
Date Completed: _____/_____/_____

Patient Name: _____ D.O.B._____ Male () Female ()

Form Completed by: _____ Relationship_____

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

Does your child have any know drug allergies? _____

Family History	*Patient* Medical History
Has anyone in your <u>family</u> suffered from the following?	*Has <u>your child</u> 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