



ABUNTO-TOLENTINO PEDIATRICS, INC.
1001 SNEATH LANE, SUITE 104, SAN BRUNO, CA 94066
P (650) 873-4545 F (650) 873-4544

Patient's Name _____ Birth date _____

Sex: M/F Ethnicity _____ Birth Place _____

Family Medical History- please indicate any family member who has had any of the following:

Asthma _____	Epilepsy _____	Allergies _____
Heart Problems _____	Alcoholism _____	High Blood Pressure _____
Birth Defects _____	Kidney Problems _____	Cancer _____
Lung Disease _____	Diabetes _____	Smokes _____
Drug abuse _____	Tuberculosis _____	

Patient's Health History-

Major illness _____ Chronic illness _____
Operations (date & reason) _____ Fractures _____
Hospitalizations (date & reason) _____ Serious Accidents _____
Allergies _____ Medications taken daily _____

Child's Birth History-

Birth Weight _____ Birth length _____ Vaginal _____ Cesarean _____
Child born: early/ term/ late _____
Problems during pregnancy _____
Complications of Birth _____

Mother-

No. of pregnancies _____ Live Births _____ Miscarriage/Abortions _____ Surviving children _____

School History-

What school does your child attend? _____
What grade does your child attend? _____
Any school or learning problems? _____
Any developmental problems? _____
Are your child's immunizations up to date? Yes no
Has your child received the Hepatitis B series? Yes no

Comments: _____

Signature-Parent / Guardian: _____ Date: _____