



**ABUNTO-TOLENTINO PEDIATRICS, INC.**  
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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: \_\_\_\_\_