Lentz Pediatrics

10777 Hwy 412 W, Lexington, TN 38351

Phone 731-968-5558

Fax 731-968-5567

Jonathan D. Lentz, M.D.

19 Security Drive, Jackson, TN 38305

Phone 731-664-9041

Fax 731-664-9041

New Patient Questionnaire

Patient Name:_____ DOB: _____

Place of Birth: JMCGH/Jackson General Regional Lexington Other:_____

Birth History: Term Pre-Term **Birth Weight:**_____ **Birth Length:**_____

Complications of Pregnancy: None Gestational Diabetes High Blood Pressure Infection

Other:_____

Complications of Delivery: None Jaundice Hypoglycemia Respiratory NICU

Other:_____

Circumcision: NA Plastibell Gomco Other:_____

Circumcision cont: Complicated by Bleeding Uncomplicated Not yet but desired

Newborn Screening: Not back yet Normal Abnormal

Hospitalization since birth: NA _____

Chronic Medical Problems: NA Ear Infections Asthma Allergies Eczema Constipation Diabetes

Heart Murmur Congenital Anomaly ADHD ADD Seizures Acid Reflux

Other:_____

Injuries: None Sprain Laceration Broken Bone Other:_____

Started Menstrual Cycle: (Patient) NA Age____ Regular Irregular

Hearing Screen at Birth: Passed Failed

Surgeries/When:_____

Usual Pharmacy/Location:_____

Current Medications: None Tylenol Motrin OTC decongestant OTC cough Suppressant Pediacare

Dimetapp Antibiotics Other:_____

Allergies: NA _____ **Medication Allergies:** NA _____

Food Allergies: NA _____

Type of Reaction to Allergies: _____

Family History: Adopted____

Patient Siblings None

Age_____ Half Full Step Male Female Health Problems:_____

Age_____ Half Full Step Male Female Health Problems:_____

Age_____ Half Full Step Male Female Health Problems:_____

Age_____ Half Full Step Male Female Health Problems:_____

Mother: Age_____ Medical Problems:_____ Age at Death:_____ NA

Father: Age_____ Medical Problems:_____ Age at Death:_____ NA

Maternal Grandmother: Age_____ Medical Problems:_____ Age at Death:_____ NA

Maternal Grandfather: Age_____ Medical Problems:_____ Age at Death:_____ NA

Paternal Grandmother: Age_____ Medical Problems:_____ Age at Death:_____ NA

Paternal Grandfather: Age_____ Medical Problems:_____ Age at Death:_____ NA

Tobacco: Patient: None Smokes (Inside / Outside) Chews Dips

Mother: None Smokes (Inside / Outside) Chews Dips

Father: None Smokes (Inside / Outside) Chews Dips

Caregiver: None Smokes (Inside / Outside) Chews Dips

Alcohol: Patient: None Occasional Use Frequently Consumes Unknown

Mother: None Occasional Use Frequently Consumes Unknown

Father: None Occasional Use Frequently Consumes Unknown

Caregiver: None Occasional Use Frequently Consumes Unknown

City of Residence:_____

Water Source: City water Well Water

Home Atmosphere: Gas Heat Electric Heat Wood Heat Humidifier Dehumidifier

Carbon Monoxide Detector Smoke Detector

House built prior to 1978 : Yes / No Remodeled Painted over old paint Peeling or flaking paint

Daycare: Yes / No Home with parent Babysitter Preschool

School: NA School name:_____ Grade:_____

Ever held back: Yes No Ever skipped a grade: Yes No

Carseat: Yes No back seat front seat rear-facing front-facing

Booster Seat: Yes No **Seatbelt**: Always Occasional Never Do not have

Pets/Farm Animals: None Inside:_____ Outside:_____