LENTZ PEDIATRICS

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Lexington, TN 38351
Phone 731-968-5558
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Jackson, TN 38305
Phone 731-664-9040
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New Patient Questionnaire

Patient Name: _____ **Date of Birth:** _____

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: _____

Circumcision: N/A Plastibell Gomco Other: _____ Not yet but desired
Complicated by Bleeding Uncomplicated

Newborn Screening: Not back yet Normal Abnormal

Hearing Screen at Birth: Passed Failed

Hospitalized since birth: N/A Dates: _____

Chronic Medical Problems: N/A Ear Infections Asthma Allergies Eczema Constipation Diabetes
Heart Murmur Congenital Anomaly ADHD ADD Seizures Acid Reflux

Injuries: None Sprain Laceration Broken Bone Other: _____

Started Menstrual Cycle: (Patient) N/A Age_____ Regular Irregular

Surgeries/Dates: _____

Pharmacy/Location: _____

Current Medications: None Tylenol Motrin OTC decongestant OTC cough suppressant Pediacare
Dimetapp Antibiotics Other: _____

Allergies: N/A _____ **Medication Allergies**: N/A _____

Food Allergies: N/A _____

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: _____ N/A

Father: Age _____ Medical Problems: _____ Age at Death: _____ N/A

Maternal Grandmother: Age _____ Medical Problems: _____ Age at Death: _____ N/A

Maternal Grandfather: Age _____ Medical Problems: _____ Age at Death: _____ N/A

Paternal Grandmother: Age _____ Medical Problems: _____ Age at Death: _____ N/A

Paternal Grandfather: Age _____ Medical Problems: _____ Age at Death: _____ N/A

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: N/A 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: _____