



# ALL STAR SPORTS MEDICINE

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Patient History Record – please provide a copy of immunization records

Patient Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

### I. Birth History

Birth weight: \_\_\_\_\_ Length: \_\_\_\_\_ Hospital: \_\_\_\_\_

Obstetrician: \_\_\_\_\_ Delivery: Vaginal C-Section

Problems/Complications (i.e.: jaundice, breathing problems, etc.):

\_\_\_\_\_

Medications Needed: \_\_\_\_\_

Breast or Bottle fed: \_\_\_\_\_ Formula: \_\_\_\_\_

### II. Family History

**Maternal:** Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Hypertension \_\_\_\_\_

Asthma \_\_\_\_\_ Eczema \_\_\_\_\_ Allergies \_\_\_\_\_ Cancer \_\_\_\_\_

Other \_\_\_\_\_

**Paternal:** Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Hypertension \_\_\_\_\_

Asthma \_\_\_\_\_ Eczema \_\_\_\_\_ Allergies \_\_\_\_\_ Cancer \_\_\_\_\_

Other \_\_\_\_\_

### III. Social History

(i.e.: lives with both parents/mom/dad, attends daycare, etc.)

\_\_\_\_\_

### IV. Allergies

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

### V. Hospitalizations &/or Operations:

\_\_\_\_\_

### VI. Family

Father's Name \_\_\_\_\_ Health Status: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Health Status: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Health Status: \_\_\_\_\_

Name: \_\_\_\_\_ Health Status: \_\_\_\_\_

Name: \_\_\_\_\_ Health Status: \_\_\_\_\_