New Tripoli Whole Health
Treating the Individual, Not the Symptom.

PEDIATRIC REGISTRATION & HEALTH HISTORY

Please Print

REGISTRATION

Child's Full Name			Date
Parent #1 Name	Parent #2 Name		
Child's Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

BIRTH INFORMATION

Birth Date	Sex	Birth Weight	Birth Length	Current Age

Type of Birth
☐Vaginal ☐Forceps ☐Breech ☐Cesarean ☐Home ☐Birthing Center ☐Hospital

Any Complications During Pregnancy and/or Birth?

Apgar Scores	Jaundice (yellow)?	Cyanosis (blue)?

Congenital Defects:

HEALTH HISTORY

Infant Feeding ☐Breast ☐Bottle ☐Formula	Sleep Quality: ☐Good ☐Fair ☐Poor	Hours per Night:

Medications:

Surgeries:

Accidents:

Immunizations:

Allergies:

Has your child ever suffered from:

☐Diabetes	☐Bed Wetting	☐Convulsions	☐Neck problems	☐Chicken Pox
☐Fainting	☐Tuberculosis	☐Backaches	☐Heart problems	☐Rubella
☐Dizziness	☐Stomach Aches	☐Allergies	☐Orthopedic problems	☐Rubeola
☐Asthma	☐Walking Problems	☐Rheumatic Fever	☐Hypertension	☐Whooping Cough
☐Sleeping Problems	☐Headaches	☐Blood disorders	☐Fractures	☐Mumps
☐Difficulty concentrating	☐Digestive Disorders	☐Sinus infections	☐Leg problems	☐Measles
☐Diarrhea	☐Constipation	☐Ear infections	☐Joint problems	☐Other
☐Arm Problems	☐Hyperactivity	☐Anemia	☐Cold/flu	
☐Arthritis	☐Neuritis	☐Hernia	☐Poor appetite	

Pediatrician	Location

What is the reason for your visit today?

By signing below I authorize Dr. Christopher Marzano to examine and treat my child.

_____	_____	_____
Print Parent or Guardian's Name	Sign Parent or Guardian's Name	Date