



Caring for the  
Next Generation

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### NEW PATIENT FORM

Hello, and welcome to Heritage Pediatrics. We appreciate you considering us today for your child's health needs. In order to help us get to know your child, please fill out this brief medical history. You may give it to the nurse or Heritage Pediatrics provider. We appreciate your patience.

Has your child ever been **hospitalized** or have any **ongoing** medical problems (asthma, reflux, etc)?

Year	Illness
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What surgeries has your child ever had?

Year	Surgeries
_____	_____
_____	_____
_____	_____
_____	_____

What current medicines does your child take? Do you know how much?

Med	Dose
_____	_____
_____	_____
_____	_____
_____	_____

Does your child have any allergies to medicines, foods, or other substances?

Thank you for helping us with getting to know your child. Please feel free to ask any questions at any time.