



Ruchi Mehta, MD

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: _____