

Advanced Foot & Ankle Specialists, P.A.
Jay S. Weingarten, DPM, FACFAS, FACFAOM
Podiatric Physician & Surgeon

Child Assessment Form

Reason for your child's visit:

CHILDS BIRTH/MEDICAL HISTORY:

Please circle *YES* or *NO* to the following questions regarding the pregnancy:

Did you have High Blood Pressure? Yes/No

Did you have any Bladder or Kidney Infections? Yes/No

Did you have any Venereal Diseases? Yes/No

Did you have Diabetes or Sugar in the Urine? Yes/No

Did you have any type of Infections ? Yes/No (If so what type?) _____

Did you take ANY medications, Drugs, and/or Alcohol? Yes/No
(If yes please explain) _____

Did you have any problems with the Labor or Delivery? Yes/No

Was the Pregnancy full term? Yes/No

If not please explain _____

Did your Child experience any problems after Birth? Yes/No
If Yes Please explain _____

Birth Weight _____ Lbs./Oz.

What Hospital was your Child Born? _____

SOCIAL HISTORY: (Circle only one)

With Whom does the Child live? Mother Father Both Parents Foster Parent Other

Who lives at home with the Child? (Please provide names and relationship to the child)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Is the Child Current on all immunizations? Yes/No Is the Child in School? Yes/No

Name of Child's School? _____ Grade? _____

Name of Child's Pediatrician? _____ Phone _____

When did your child last see the pediatrician? _____

Parent's Information:

Mother's Name: _____ Date of Birth _____

Employer/Occupation _____ Phone _____

ADDRESS *(If different from the child) _____

FAMILY HISTORY: (Please put and X under family members if the medical issues apply)

	MOTHER	FATHER	MOTHERS FAMILY	FATHERS FAMILY	SIBLINGS
ASTHMA	_____	_____	_____	_____	_____
DIABETES	_____	_____	_____	_____	_____
HEART DISEASE	_____	_____	_____	_____	_____
SEIZURES	_____	_____	_____	_____	_____
SICKLE CELL	_____	_____	_____	_____	_____
SKIN CANCER	_____	_____	_____	_____	_____
FOOT/ANKLE PROBLEMS	_____	_____	_____	_____	_____

Please provide any additional information that may help us care for your Child: _____

I Hereby Grant Permission to Dr. Jay Weingarten to treat my minor child.

Form filled out by: (Please Print Name) _____

Relationship to minor child: _____

Signature: _____ Date: _____