

Smart Start Pediatrics	Patient's Name:
460 Alabama Hwy N	Mom's Name:
Albertville, AL 35951-3838	Dad's Name:

ALLERGIES – Please list the patient's drug, food, or other allergies:

☐ No known drug allergies Or, list drug allergies:
☐ No food or other allergies Or, list food/other allergies:

MEDICATIONS – Please list all of the patient's medications and supplements:

Medication Name	Dose	Medication Name	Dose
1.		5.	
2.		6.	
3.		7.	
4.		8.	

PAST MEDICAL HISTORY – List the patient's medical conditions:

1.	5.
2.	6.
3.	7.
4.	8.

PAST SURGICAL HISTORY – List the patient's previous surgeries and approximate dates:

Operation	Date	Operation	Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

FAMILY MEDICAL HISTORY - Please check and list relationship to patient, include immediate family members only:

- ☐ Lung Disease _____
- ☐ Heart Trouble _____
- ☐ Kidney or Bladder Disease _____
- ☐ Diabetes _____
- ☐ High Blood Pressure _____
- ☐ Cancer - Type of Cancer and Affected Family Member(s) _____
- ☐ Other Family Disease _____

BIRTH RECORDS

Birth Facility: _____

Facility City: _____ Facility State: _____

The following information MUST match birth records:

Patient Date of Birth: _____

Patient's Name (First Last): _____

Birth Mother's Name (First Last): _____

Birth Mother's Social Security Number: _____

IMMUNIZATION HISTORY

Please attach a complete shot record.

If you do not have a complete shot record, please list all facilities where the patient has received immunizations:
