

Pediatric Pulmonology of Central Georgia

1062 Forsyth Street

Lanier Building, Suite 2C

Macon, GA 31201

Phone: (478) 755-0036

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Patient and Family Information

Child's Name _____ Birthdate _____ __Male __Female

Social Security # _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

School or Daycare _____

Responsible Party _____ Relationship to Child _____

Name of Mother/Guardian _____ Birthdate _____

Social Security # _____ Phone _____

Address _____ City _____ St _____ Zip _____

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Employer _____

Name of Father/Guardian _____ Birthdate _____

Social Security # _____ Phone _____

Address _____ City _____ St _____ Zip _____

Phone: Home (____) _____ Cell(____) _____ Work (____) _____

Employer _____

Child's Health History

Pediatrician _____ Phone _____ Last Seen _____

Why was your child referred to our office? _____

Surgery history? _____

Please check all that apply to your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies _____

_____ | <input type="checkbox"/> Heart Defect | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Seizures | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Croup | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Developmental Problems | <input type="checkbox"/> Handicaps/Disabilities |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Discipline Problems | <input type="checkbox"/> Hepatitis-Type__ |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> High Blood Pressure |
| | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> High Cholesterol |
| | <input type="checkbox"/> Eczema/Skin Problems | <input type="checkbox"/> Kidney/Bladder Problems |

- **Latex Sensitivity**
- **Mumps/Measles**
- **Pneumonia** when _____
- **Rheumatic Fever**
- **Seizures**
- **Sleeping Problems**
- **Speech Problems**
- **Tuberculosis**
- **Temper Problems**
- **Thumb Sucking**
- **Toilet Training Problems**
- **Tonsillitis**
- _____
- _____
- _____