Marjan Monfared, M.D.
Pediatrician

ABC Children's Clinic Inc.

26730 Towne Centre Drive #102
Foothill Ranch, CA 92610

T 949.380.1234 F 949.305.2230

Patient Name _____ Date of Birth _____/_____/_____

PAST MEDICAL HISTORY

Mom's Obstetric History:

(Please check the appropriate boxes)
Pregnancy was:
- ☐ Uncomplicated
- ☐ Complicated by: _____
- ☐ Gestational Diabetes
- ☐ Hypertension
- ☐ Pre-eclampsia

There was (check any that apply):
- ☐ Premature Rupture of Membranes
- ☐ Premature Delivery
- ☐ Prolonged Labor (hours _____)
- ☐ Normal Vaginal
- ☐ C/Section for _____

Baby went home from the hospital after: ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4days ☐ Other: _____

Delivery History:

Location of Delivery: _____

Birth Weight: _____ Birth Length: _____ Apgars: _____/_____

Please describe any complication during delivery: _____

Past Medical History:

Any previous hospitalizations? No Yes _____

Any previous surgeries? No Yes _____

Any existing medical problems? No Yes _____

Please list any previous major illnesses and the dates when the problem occurred: _____

Is your child on any current medications? No Yes
Please list the medication the amount taken and when the medication was started: _____

Does your child have any allergies? No Yes

Please list the cause of the allergy and when the allergy started: _____

Family History

Disease	Check One		Please list which relative and when the problem occurred
Diabetes	☐ Yes	☐ No	
High Blood Pressure	☐ Yes	☐ No	
Heart Disease	☐ Yes	☐ No	
Asthma	☐ Yes	☐ No	
Allergies	☐ Yes	☐ No	
Cancer	☐ Yes	☐ No	