

CHILDREN'S MEDICAL HISTORY

DATE _____ DATE OF BIRTH _____

CHILD'S NAME _____
LAST FIRST MIDDLE

REASON FOR TODAY'S VISIT _____

REFERRED BY _____

PARENTS E-MAIL ADDRESS: _____

MOTHER'S NAME _____

PHONE _____ HM _____ WK/CELL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER'S NAME _____

PHONE _____ HM _____ WK/CELL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FAMILY HISTORY AGE GENERAL HEALTH CONDITION

Mother _____

Father _____

Sibling _____

Sibling _____

Sibling _____

Sibling _____

BIRTH AND DEVELOPMENT

1. Were there any complications during pregnancy? If yes, explain:
2. Were there any complications during labor and/or delivery? If yes, explain:
3. Weeks gestation when born:

Birth weight: _____ condition: _____

4. At what age did he/she first:

Eat solid food _____	Talk _____
Sit up _____	Talk in sentences _____
Crawl _____	First tooth _____
Stand up _____	Toilet trained _____
Walk _____	

MEDICAL/ NUTRITIONAL HISTORY

Does he/she have a history of: (if yes, please explain)

Colic _____
Excessive fussiness _____
Jaundice _____
Excessive spitting up _____
Vomiting _____
Allergies _____
Food allergies _____
Diarrhea _____
Decreased growth _____
Surgery _____
Trauma/ accidents _____
Major illness _____
Breast feeding _____
Formula feeding _____
Special diet _____

Please list any nutritional supplements, medications and/or medical treatments that your child is currently taking. Please include dosages and any non-traditional medical treatments.

Do you have any other concerns or information about your child's health?

SIGNATURE OF PARENT _____ DATE _____

BRIAN L. CABIN,M.D.,PC
772 N COUNTRY CLUB
TUCSON, AZ 85716
(520) 319-2810
FAX 319-2814

CANCELLATION POLICY

Your time is important to us and we ask for your respect and consideration of the Doctor's time, too. We request 48 business hours notice if you need to cancel your appointment.

If you do not give us 48 hours notice, the following missed appointment fees will be charged.
(Depending on which appointment is missed)

Emergencies will be considered.

\$155.00 if you cancel the first appointment (the initial New Patient visit only)

\$55.00 for any subsequent appointments

Our office hours are 8:30AM to 5:30 PM on Monday, Tuesday, Thursday and Friday. Please remember, we are closed Wednesdays and weekends.

Signature

Date