

Baptist Health Pediatric Clinic

625 United Dr Ste 360 Conway AR, 72032

p: 501-358-6892 f: 501-358-6894

New Patient Questionnaire

Patient's Name: _____ Date of Birth: _____

Today's Date: _____

Please circle the Doctor the patient is seeing today: *Dr. Roark* *Dr. Vinson*

Reason for Visit: _____

Patient Allergies: _____

Current Medications: _____

Preferred Pharmacy: _____

Family Medical History: (Parents and Grandparents)

-ex: List who has Diabetes, Asthma, High Blood Pressure & then relationship to the patient

Patient Medical/ Surgical History: _____

Birth History: Birth Weight: _____ Birth Length: _____

Length of Pregnancy: _____ Hospital: _____

Any complications during pregnancy or delivery? _____

Smoke Exposure? (check all that apply)

Inside Home Outside Home No Smoking

Who lives in Home? _____

Pets in the Home? _____

School/ Daycare Name: _____ Grade (if applicable): _____