



## Advance Pediatrics PLLC

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### Birth History

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB \_\_\_\_\_ M ☐ F ☐

1. Birth Weight \_\_\_\_\_ Preg# \_\_\_\_\_ Mom's age \_\_\_\_\_
2. Was the birth ☐ Vaginal ☐ Cesarean
3. Birth: ☐ Early? ☐ Late? If birth was early, how many weeks early? \_\_\_\_\_
4. If Cesarean, why? \_\_\_\_\_ Any NICU stay \_\_\_\_\_
5. Did mother have any illnesses/problems with her pregnancy? ☐ Yes ☐ No  
Explain \_\_\_\_\_
6. Did baby have any problems right after birth? ☐ Yes ☐ No  
Explain \_\_\_\_\_
7. Before mother knew she was pregnant or at any time during her pregnancy did she:  
☐ Smoke Cigarettes (amount) \_\_\_\_\_  
☐ Drink Alcohol (amount) \_\_\_\_\_  
☐ Use "street" drugs (type) \_\_\_\_\_  
☐ Use Prescription Drugs (type) \_\_\_\_\_
8. Was initial feeding:  
☐ Breast Milk ☐ Formula ☐ Goat milk  
Other milk \_\_\_\_\_