Perry Lim, M.D.
991 Montague Expy, Suite 206
Milpitas, CA 95035
408-929-2276 Fax: 408-929-2170

Patient History

Name _____ **Date of Birth** _____ **Sex** _____

Parent's name _____

Birth History

Type of Delivery _____ Term _____
Premature at _____ Months _____
Pregnancy Number _____ Other _____
Birth Weight _____ Length _____
Apgar Score _____ Circumcision _____
Blood Type _____ Other _____

Development History

Held up head _____
Smiled _____
Sat aided _____ Sat alone _____
Stood aided _____ Stood alone _____
Reached for objects _____
First teeth _____
Crept _____ Walked _____
Said words _____ Said sentences _____

Habits

Sleep _____ Bedwetting _____
Naps _____ Play _____
School _____ Other _____

Family History

Mother _____ Age ____ Occupation _____
Father _____ Age ____ Occupation _____
Siblings 1) _____ Age ___ Sex ___
2) _____ Age ___ Sex ___
3) _____ Age ___ Sex ___
4) _____ Age ___ Sex ___
Other _____
High blood pressure _____ Cancer _____
High cholesterol _____ Allergies _____
High triglyceride _____

Nutrition History

Breast fed _____ Formula _____
Vitamin supplement _____ Type _____
Soft foods added _____
_____
Appetite _____
Stools _____
Allergies _____
Other _____

Illness History (Important: Please answer yes or no with details if necessary)

General _____
Allergies _____
Chicken pox _____
Tonsillitis / Pharyngitis _____
Ear infections _____
Asthma / Bronchitis _____
Bronchiolitis / Pneumonia (RSV +/-) _____
Hospitalized /ER visits _____
Serious injuries _____
_____
Operations _____
Medications _____
Autism/Development Delay _____
School/Behavior Problems _____
Other (please explain) _____