

John M. Pramenko, MD, P.C.



2310 Nott Street East
Niskayuna, NY 12309

518-381-4133

Fax: 888-641-2073

Registration

Name _____ Sex: M ___ F ___ DOB _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email _____ SS# _____

Race: White ___ Black/African American ___ Latino ___ Asian ___ Native American ___ Other ___

Head of Household / Guarantor (If different from above):

Name _____ Sex: M ___ F ___ DOB _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email _____ SS# _____

Emergency Contact:

Name _____ Phone _____

Address _____ Relationship _____

Insurance Information:

Primary Insurance _____ ID number _____

Policyholders name _____ DOB _____ SS# _____

Address (if different from above) _____

Secondary Insurance _____ ID number _____

Policyholders name _____ DOB _____ SS# _____

Address (if different from above) _____

Pediatric Health History

Prenatal

Pregnancy complications _____ Birth weight _____
Was the baby born near his/her due date? _____ If not, how early/late? _____
Delivery complications? _____
Did the baby have any troubles after birth? _____

Medical Problems in infancy/childhood (check all that apply)

Asthma Seizures
 Heart Disease Stomach / intestinal problems
 Diabetes Skin disease
 Mental Illness ADHD
 Anemia Sleep disorder
 Cancer – what kind? _____
 Other _____

Other Medical History

Medications _____
Allergies to medicines _____
Other allergies _____
History of chicken pox _____ Immunizations up to date?(provide record) _____
Previous doctor _____ Where? _____

Family History (check all that apply)

Heart disease Mental Illness
 Stroke Drug/alcohol abuse
 Diabetes Bleeding/clotting disorder
 Asthma High blood pressure
 Tuberculosis Anemia
 Cancer – what kind? _____
 Other _____
