

DAVID J. LIM, M.D., P.A.

Today's Date: _____

Name: _____

Please give us the name and address of your pediatrician:

What is the reason why you brought your child to us today? What question do you want to have answered today?

Explain any pertinent medical history of your child.

List any previous surgeries and date:

Allergies to any food or medication:

What medications are you taking?

Medication	Dosage/Timing	Conditions for this medicine and/or response.

Was the child born prematurely and if so at what estimated gestational age?

Who does the child live with and how many siblings are there?

Please tell us the approximate weight of the child:

Please explain any other pertinent details: