BLUEZONEHEALTHNH.COM
P: 603-880-4150
F: 603-880-6765

BLUE ZONE HEALTH

29 RIVERSIDE STREET
UNITS A & B
NASHUA, NH 03062

MISSION: TO RAISE THE VIBRATION OF EVERYONE WHO WALKS THROUGH OUR DOOR.
VISION: TO REVOLUTIOIZE HEALTHCARE IN OUR COMMUNITY.

Welcome to our Family!

Please fill out these additional questions prior to beginning your care with us.

Patient Name: _____DOB:_____

Parent/Guardian Name:_____

Prenatal and Birth History	
Weight at birth:	_____lbs., _____oz.
Were there any complications during pregnancy or birth?	☐No ☐ Yes
Any concerns at birth or shortly after?:	
Any developmental concerns?	☐No ☐ Yes
Did baby receive Vitamin K?	☐No ☐ Yes
Did baby receive Hep B vaccine?	☐No ☐ Yes
Did baby have erythromycin eye ointment after birth?	☐No ☐ Yes
Did baby pass hearing screening?	☐No ☐Yes
Did baby complete a PKU blood test?	☐No ☐Yes
Do you plan to vaccinate according to CDC schedule?	☐No ☐Yes ☐Delayed or selectively

Parent/Guardian Signature:_____ Date: _____