

MEDICAL HISTORY (CHILDREN 0-18 YEARS OF AGE)

Name: _____ Date of Birth: _____

Pregnancy

Was the pregnancy normal? YES _____ NO _____

If no, what problems were there ?

Medication taken during Pregnancy _____

Was baby Full Term? YES _____ NO _____

Hospital where born _____

Was delivery normal? YES _____ NO _____

If no, what problems were there?

Vaginal delivery _____ C-Section _____ APGARS (if known) _____

Baby's Birth weight _____ lbs _____ oz

Discharge weight _____ lbs _____ oz

NURSERY COURSE

Did baby come home from hospital with you? YES _____ NO _____

If no, please explain _____

Breast Feeding _____ Formula Feeding _____ (Please specify) _____

MEDICAL HISTORY

Hospitalizations/Surgeries _____

Allergies(including both food and drug) _____

Medications _____

Past Illnesses _____

Other Information which may influence the treatment or evaluation of your child _____

Special concerns regarding your child _____

FAMILY HISTORY

AGE

Father _____

Mother _____

Siblings _____

Family Diseases of Problems

(Completed by Signature)

Relation

Date