

Name: _____

Current Address: _____

HISTORY OF PREGNANCY (this child): Age of mother at this pregnancy: ____ What number pregnancy is this? ____

____ bleeding	____ toxemia	____ drugs for vomiting	____ antibiotics	____ x-ray treatments
____ vomiting	____ infection	____ drugs for sleep	____ diuretics	____ x-ray for diagnosis
____ swelling of ankles	____ anemia	____ tranquilizers	____ other drugs	_____
	____ vitamins	____ iron		_____

List any illnesses and/or drugs taken during this pregnancy: _____

Total Number of Pregnancies: ____ Living children ____ Miscarriages ____ Stillbirths ____

BIRTH HISTORY: Birth date: _____ Time: ____ a.m. ____ p.m. Weight: ____ Height: ____
 Birthplace Hospital: _____ City: _____ State: _____

____ born early	____ needed resuscitation	____ infection	____ normal cry
____ born late	____ convulsion after birth	____ rash	____ paralyzed
____ normal at birth	____ swollen	____ bleeding	____ cesarean section
____ needed oxygen	____ jaundiced	____ high squeaky cry	____ delivery induced w/drugs

Was delivery normal? Yes ____ No ____ If no, why? _____
 What kind of anesthesia was used? _____
 How long was labor? _____ Were forceps used? _____

FEEDING HISTORY:

Breast: Yes ____ No ____ from age ____ to age ____ Why stopped? _____
 Formula: Yes ____ No ____ from age ____ to age ____ Name of formula? _____
 Yes ____ No ____ from age ____ to age ____ Name of formula? _____
 Vitamins: Yes ____ No ____ from age ____ to age ____ Vitamin name? _____
 Solid baby food started at age ____ Table food started at age ____
 Comment on food reactions, food allergies. State if child is a good or poor eater. _____

GROWTH AND DEVELOPMENT HISTORY: Give ages.

Held up head: _____	Crawled: _____	Dressed self: _____	Talked (3-word phrase): _____
Smiled: _____	Pulled up: _____	Toilet trained: _____	Talked (conversation): _____
Sat alone: _____	Walked alone: _____	Rode tricycle: _____	Learned to read: _____

Present school grade: ____ Type of student A ____ B ____ C ____ D ____ F ____

FAMILY HISTORY	AGE	CONDITION OF HEALTH	
Mother			
Father			
Brother			
Sister			
Maternal GM – alive/dead--Reason:		Maternal GF – alive/dead--Reason:	
Paternal GM – alive/dead--Reason:		Paternal GF – alive/dead--Reason:	

MEDICAL FAMILY HISTORY:

____ Allergy	____ Heart disease	____ Kidney disease	____ Liver disease (hepatitis)
____ Cancer	____ Birth defect	____ Mental disease	____ Rheumatic fever
____ Blood disease	____ Epilepsy	____ Diabetes	____ Arthritis
____ Anemia	____ Ulcers	____ Migraine	____ Tuberculosis
____ Leukemia	____ Goiter	____ Down syndrome	____ Obesity
____ Infectious Mono.	____ Hypertension		