

Please answer the following questions:

CHILD'S NAME _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last Name First Middle </div>	TODAY'S DATE _____
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PRE-NATAL AND BIRTH HISTORY OF CHILD

Pregnancy: Any illnesses or complications? **Y N** _____
 Any smoking, alcohol, or recreational drug use during pregnancy? **Y N** _____

Delivery: Any complications? **Y N** _____
 Baby's Birth Weight _____ Length _____ Head _____ Hospital _____
 Problems at or after birth? _____

Did your baby need any blood transfusions after birth? **Y N**

CHILD'S ALLERGIES TO

Medications (Date and symptoms): _____

Foods: _____

PAST MEDICAL HISTORY OF CHILD

Hospitalizations or outpatient surgeries (when, where and why): _____

Serious injuries (when, where): _____

Previous MD / Clinic _____ Dentist _____

Have previous records been sent for? **Y N** Fluoride: medication / water / none

Are immunizations up to date? **Y N**

Have you given us a copy of the immunization record? **Y N**

Your child's previous or current conditions: (Circle all relevant)

Recurrent ear infection (>3)	Constipation	Seizures	Mental / Emotional Prob.
Recurrent throat infect. (>3)	Chickenpox	Eye problems	Cigarette smoker
Allergies / Sinus problems	Scarlet fever	Hearing problems	Drug / Alcohol use
Asthma / Wheezing	Stomachaches	Kidney / Bladder infections	Tattoos / Body Piercings
Eczema	Headaches	Blood transfusions	Other: _____

FAMILY HISTORY OF CHILD

List child's blood relatives with these problems: (M) Mother, (F) Father, (S) Sister, (B) Brother, (MGM) Mother's mother, (MGF) Mother's father, (PGM) Father's mother, (PGF) Father's father, (A) Aunt, (U) Uncle, (C) Cousin

Heart disease _____	Muscular disease _____	Thyroid disease _____
High blood pressure _____	Neurological disease _____	Anemia _____
High cholesterol _____	Learning problems _____	Cancer _____
Heart attack (age?) _____	Allergies _____	AIDS _____
Birth defects _____	Asthma _____	Tuberculosis _____
Blindness _____	Arthritis _____	Alcohol problem _____
Deafness _____	Diabetes _____	Drug problem _____
Cystic fibrosis _____	Kidney disease _____	Mental illness _____
Migraine _____	G.I. disease _____	Mental retardation _____
Seizure _____	Peptic ulcer _____	Other _____

Is there anything else we need to know about?

Reviewed by M.D.: