

PREGNANCY & BIRTH

Mother's age at birth _____
Any illness during pregnancy? Y/N _____
Medication during pregnancy? Y/N _____
Hospital of Delivery _____
Delivery By _____ Circumcised by _____
Was baby Early - Late - On time? _____ Apgar _____
Type of delivery? _____ Birth Weight _____ Length _____
Complications? _____ Discharged Weight _____
Problems with Baby at Birth? Breathing Y/N Jaundice Y/N
Other _____
Problems Soon After ? Nursery or Home? _____

PAST MEDICAL HISTORY

Allergic reactions? _____
Medicine? Y/N Insects? Y/N Animals? Y/N
Please list _____
Medications taken on a regular basis?
(exclude vitamins) _____
Immunizations - up to date? Y/N
Do you have a record? Y/N
Hospitalizations - (when-where-why?) _____

Red Measles	Y/N	Mumps	Y/N	German Measles	Y/N
Chicken Pox	Y/N	Whooping Cough	Y/N	Rheumatic Fever	Y/N
Scarlet fever	Y/N	Ear Infections	Y/N	Strep Throat	Y/N
Asthma	Y/N	Eczema/Hives	Y/N	Seizures	Y/N
Anemia	Y/N	Hepatitis	Y/N	Wheezing	Y/N
Bleeding	Y/N	Urinary Infect	Y/N	Hearing Probs	Y/N
Blood Trans	Y/N	Joint Problems	Y/N	Vision Problems	Y/N

Serious Injuries - (when-where?) _____

FEEDING & NUTRITION

Food Allergies? _____
Colic or Feeding Problems during the first 3 months? _____
Breast Fed? Y/N Number of Months? Y/N
Formula? Y/N Current Brand? _____
Vitamins? Y/N Brand? _____ Fluoride? Y/N
Special Diet? Y/N

FAMILY PROFILE

Parents - Married / Separated / Divorced
Father's Age? _____ Highest school grade? _____ Health? _____
Mother's Age? _____ Highest school grade? _____ Health? _____
(List child's brothers, sisters, & their ages)

FAMILY MEDICAL HISTORY

List all blood relatives of your child who have had the following problems - Use abbrev. (F) father, (M) mother, (B) brother, (S) sister, (MM) mother's mother, (FM) father's mother, (FF) father's father, (A) aunt, (U) uncle, (C) cousin.

Anemia/Blood Dis _____
Asthma _____
Mental Retardation _____
Drug Problem _____
Alcoholism _____
Cancer _____
Aids _____
Cystic Fibrosis _____
Muscular Dystrophy _____
Tuberculosis _____
Arthritis _____
Epilepsy/Seizures _____
Heart Disease _____
High Blood Pressure _____
Cholesterol Problem _____
Migraine _____
Sudden Infant Death _____
Birth Defects _____
Early Deafness _____
Diabetes _____

DEVELOPMENT & BEHAVIOR

(Age at which child...)

Sat alone _____ Walked alone _____
Used Sentence _____ Toilet trained _____
Bicycled _____
Development compared to other children? _____

Grade in school _____
Problems in school Y/N _____

Learning Problems Y/N _____
Getting along w/ other children Y/N _____
Behavior problem Y/N _____
Bad habits? _____ Bedwetting Y/N _____
Nail Biting Y/N Sleeping Y/N _____
Use of street or illegal drugs? Y/N _____

SYNOPSIS