CHILD HEALTH HISTORY

Name: _____

DOB: _____/_____/_____ Sex: _____

Age: _____

SSN/Record#:_____

Information / Relationship _____

Race / Ethnicity: _____

Medical Home: _____

Pregnancy & Birth

G ____ P ____ AB ____ Total number of living children _____ Weight Gain/Loss _____ Mother's age at birth _____
Number of years between previous pregnancy and this child _____ Timester Prenatal Care Began: 1 2 3
Prenatal Care Provider _____ Vitamins: ____ Yes ____ No Iron: ____ Yes ____ No *If child over 5 years*: uncomplicated pregnancy, labor, delivery, and nursery course: ___ Yes ____ No (If yes, proceed with CHILDS MEDICAL HISTORY)

Maternal Complications:	**Maternal Substance Use:**	**Birth/Delivery:**
__ Dental disease __ Vaginal bleeding __ Hypertension __ Premature labor __ Flu-like illness or high temperature __ Kidney or bladder infection __ Anemia __ Diabetes __ STD __ Injury/Hospitalization/Surgery __ Rh negative __ Exposure to TB __ Exposure to lead/chemicals	__ OTC meds _____ __ Prescription meds _____ __ Tobacco _____ __ Alcohol _____ __ Street Drugs _____ __ Caffeine _____ + = positive findings Ø = negative findings	Place of birth _____ Birth Attendant _____ Hours of Labor _____ __ Term __ Premature (1 week) __ More than 2 weeks overdue Type of delivery: Complications: __ vaginal __ breech __ c-section __ multiple birth __ forceps __ other

Explanation/other:

NURSERY COURSE Birth Weight _____ Birth Length _____ FOC _____

__ Difficulty with/initial breathing __ Infection __ Jaundice req. treatment
__ Heart murmur __ Transfusion __ Seizures

Age at discharge: _____ ICN _____ days Newborn screening (date/location) 1) _____ 2) _____
Comments:

CHILD'S MEDICAL HISTORY

Immunizations current: __ Yes __ No __ Record unavailable
Dental care/sealants current: __ Yes __ No

__ Trauma/injuries
__ Hospitalizations
__ Surgery
__ Medications
__ Anemia
__ Early childhood caries
__ Hepatitis
__ Strep throat
__ Ear infections
__ Bladder/Kidney Infections
__ Pneumonia
__ Developmental delays
__ Vision problems
__ Hearing problems
__ Seizures
__ Environmental toxin exposure (lead, etc.)
__ Allergies
__ Asthma
__ Eczema
__ Substance use (alcohol, drug, tobacco)
__ Other

Explanation:

FAMILY MEDICAL HISTORY

__ Anemia/Blood disorder
__ Heart disease before age 50
__ Cholesterol req. treatment
__ Hypertension/Stroke
__ Asthma/Allergy
__ Cancer
__ Diabetes
__ Epilepsy/Seizures
__ Kidney/problems
__ Muscle/Bone disease
__ Genetic disease or major birth defects
__ Childhood hearing impairment
__ Tuberculosis
Y N HIV + individual in household (do not identify)
__ Other immunosuppressant
__ Dental decay
__ Alcohol/drug abuse
__ Tobacco use
__ Learning disorder
__ Mental retardation
__ Psychiatric disorder
__ Physical/Sexual/Emotional abuse
__ Domestic violence
__ Other

Explanation of positive history:

Date: _____ Signature/Title: _____ Signature/Title: _____