

Please check ☐ yes or ☐ no, circle or explain where required. N/A-Not Applicable

REASON FOR TODAY'S VISIT -

Previous medical care - DR.

Dental Care ☐ ☐Eye Exam ☐ ☐**PREGNANCY & BIRTH**

Mother's age at pregnancy?

Any illness during pregnancy? ☐ ☐Medications during pregnancy? ☐ ☐

(exclude vitamins & iron)

Smoking - alcohol - street drugs - during pregnancy?

Was baby early - late - on time?

Type of delivery?

Birth weight

Complications? ☐ ☐Problems with baby at birth? Breathing ☐ ☐ Jaundice ☐ ☐

Other

Problems soon after? Nursery or home?

PAST MEDICAL HISTORYAllergic reactions? Medicine ☐ ☐ Food ☐ ☐ Animals ☐ ☐Insect bites ☐ ☐

Medications taken on a regular basis? (exclude vitamins)

Immunizations - up to date? ☐ ☐ Do you have a record? ☐ ☐

Hospitalizations - (when-where-why?)

Serious injuries (when-where?)

Red Measles ☐ ☐ Mumps ☐ ☐ German (3 day) Measles ☐ ☐Chicken Pox ☐ ☐ Whooping Cough ☐ ☐ Rheumatic Fever ☐ ☐Scarlet Fever ☐ ☐ Recurrent infections? Ear ☐ ☐ Throat ☐ ☐Asthma ☐ ☐ Eczema ☐ ☐ Seizures ☐ ☐ Bleeding tendency ☐ ☐Anemia ☐ ☐ Hepatitis ☐ ☐ Problems with hearing ☐ ☐ Vision ☐ ☐

Other -

FEEDING & NUTRITIONAppetite usually good? ☐ ☐Colic or feeding problems during first 3 months? ☐ ☐Breast fed? ☐ ☐ Number of months? ☐ ☐Formula? ☐ ☐ Current brand? ☐ ☐Vitamins? ☐ ☐Fluoride? ☐ ☐Special diet? ☐ ☐**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, (MF) Mother's Father, (FM) Father's Mother, (FF) Father's Father, (A) Aunt, (U) Uncle, (C) Cousin

Anemia / Blood Disorder

Epilepsy / Seizures

Asthma

Heart Disease

Mental Retardation

High Blood Pressure

Drug Problem

Alcoholism

Cholesterol Problem

Cancer

Aids

Migraine

Cystic Fibrosis

Sudden Infant Death

Musc. Dystrophy

Birth Defects

Tuberculosis

Early Deafness

Arthritis

Tobacco Use

DEVELOPMENT & BEHAVIOR

AGE AT WHICH CHILD -

Sat alone

Walked

Used sentences

Toilet trained

Bicycled

Development compared to other children?

Grade in school

Problems in school? ☐ ☐

Learning difficulties?

Getting along with other children? ☐ ☐Behavior problems? ☐ ☐

Bad habits?

Bedwetting? ☐ ☐Nail biting? ☐ ☐Sleeping? ☐ ☐

Hobbies - sports - social activities?

FAMILY PROFILEParents are married? ☐ ☐Separated? ☐ ☐Divorced? ☐ ☐

Father's age?

Highest school grade?

Mother's age?

Highest school grade?

(List brother's & sisters & their ages)