

NAME: _____
 DOB: _____
 AGE: _____ GENDER: MALE FEMALE

COMPLETED BY: _____
 RELATIONSHIP TO CHILD: _____

IF < 5 YEARS OLD

PREGNANCY

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: _____
 Trimester Prenatal Care Began: 1 2 3
 Prenatal Care Provider: _____
 Vitamins: Y N Iron: Y N

MATERNAL COMPLICATIONS

- Vaginal bleeding
- Anemia
- Hypertension
- Rh negative
- Diabetes
- Premature labor
- Dental disease
- Flu-like illness or high temp.
- Kidney or bladder infection
- STIs
- Hepatitis (A, B, or C)
- Exposure to TB or had TB
- Exposure to lead/chemicals
- Injury/hospitalization/surgery

MATERNAL SUBSTANCE USE

- OTC meds: _____
- Prescription meds: _____
- Tobacco: _____
- Alcohol: _____
- Street drugs: _____
- Caffeine: _____

BIRTH/DELIVERY

Place of birth: _____
 Birth attendant: _____
 Hours of labor: _____
 Term Premature (weeks): _____
 More than two weeks overdue
 Type of delivery:
 Vaginal C-Section Forceps Other/Explanation:
 Complications:
 Breech Multiple birth Other:

NURSERY COURSE

Birth Weight: _____ Birth Length: _____ FOC: _____
 Difficulty with initial breathing Transfusion
 Jaundice req. treatment Heart murmur
 Infection Seizures
 NICU: _____ days. Age at discharge: _____
 Newborn blood screening (date/location):
 1: _____
 2: _____
 Newborn hearing test (in hospital): Pass Fail
 Type of test: ABR OAE Unknown
 Referral made: Y N
 Critical congenital heart disease(in hospital): Pass Fail

Parent/Guardian Signature

FAMILY MEDICAL HISTORY

Abbreviations for relatives listed below.

- M-Mother MGM-Maternal Grandmother PGM-Paternal Grandmother
 F-Father MGF-Maternal Grandfather PGF-Paternal Grandfather
 S-Sibling MA-Maternal Aunt PA-Paternal Aunt
 MU-Maternal Uncle PU-Paternal Uncle

- 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
- Tuberculosis
- Other/Explanation:
- HIV + individual in household (*do not identify*)
- Other immunosuppression
- Dental decay
- Alcohol/drug abuse
- Tobacco use
- Learning disorder
- Intellectual Disability
- Psychiatric disorder
- Physical/sexual/emotional abuse
- Domestic violence
- Childhood hearing impairment

PERSONAL MEDICAL HISTORY

Immunizations current: Y N Record unavailable
 Dental care current: Y N Sealants: Y N

- Trauma/injuries
- Hospitalizations
- Surgery
- Medications
- Anemia
- Early childhood caries
- STIs
- Hepatitis
- Strep throat
- Ear infections
- Bladder/kidney infections
- Pneumonia
- Physical/sexual/emotional abuse
- Muscle/bone disease
- Other/Explanation:
- Vision problems
- Hearing problems
- Seizures
- Environmental toxin exposure (lead, etc.)
- Allergies
- Cancer
- Asthma
- Eczema
- Substance use
- Developmental delays/learning disorder
- Immune suppression
- Psychiatric disorder

EMERGENCY CARE

Physician: _____
 Address: _____
 Phone: _____
 Clinic: _____
 Address: _____
 Phone: _____
 Hospital ER: _____
 Address: _____
 Phone: _____
 Dentist: _____
 Address: _____
 Phone: _____