CHILD'S MEDICAL HISTORY

Child's Name _____ Sex_____ Birth Date_____

A) Birth History (Birth Date) _____

1. Birth Weight _____ Length_____
2. Length of Pregnancy: _____
3. Difficulties, illness or rashes during pregnancy:_____
   _____
4. Drugs or medication taken during pregnancy:_____
   _____
5. Was baby born breach _____
6. Was baby born Caesarean _____
7. Delayed breathing _____
8. In first four weeks of life did baby have:
   Yellow Jaundice _____
   Blood Transfusion _____
   Convulsion _____

B) Illnesses - give age or date

	Yes	No
1. Measles _____		
2. Rubella (German Measles) _____		
3. Mumps _____		
4. Chicken pox _____		
5. Scarlet fever _____		
6. Whooping cough _____		
HAS CHILD EVER HAD: _____		
7. Asthma _____	☐	☐
8. Hay fever _____	☐	☐
9. Chicken pox _____	☐	☐
10. Scarlet fever _____	☐	☐
11. Frequent ear infection _____	☐	☐
12. Trouble hearing _____	☐	☐
13. More than 6 colds a year _____	☐	☐
14. Pneumonia _____	☐	☐
15. Anemia _____	☐	☐
16. A heart murmur _____	☐	☐
17. Bedwetting (after age 5) _____	☐	☐
18. Kidney or bladder infection _____	☐	☐
19. Is your child allergic to medicine _____	☐	☐
20. Convulsions _____	☐	☐
21. Tonsillitis _____	☐	☐
22. Constipation _____	☐	☐
23. Diarrhea _____	☐	☐
24. Other (describe) _____	☐	☐
_____		
_____		

C) Feeding in Infancy _____

1. Formula _____ Till what Age _____
   Breast _____ Till what Age _____
3. Age solids started _____
   Which foods _____
4. Frequent vomiting _____
5. Loose stools _____

D) Growth and Development

1. Sat alone _____ Age _____
2. Walked _____ Age _____
3. First tooth _____ Age _____
4. Talked _____ 4-6 words _____
   2 word sentences _____
5. Weaned to cup _____
6. Toilet Trained, day _____ night _____

E) Surgery and Injuries _____

	Yes	No
1. Tonsils, Adenoids _____	☐	☐
2. Appendix _____	☐	☐
3. Other operations _____		
What? _____		
4. Broken bones _____		
5. Hospitalizations _____		
Why? _____		
Where? _____		
6. Has child ever been - _____		
a) Unconscious from injury? _____	☐	☐
b) Treated for poisoning _____	☐	☐
What poisons? _____		

F)

1. Frequent temper tantrums _____	☐	☐
2. Very fidgety _____	☐	☐
Can't sit still _____	☐	☐
3. Can't concentrate _____	☐	☐
4. Disturbs others in class _____	☐	☐
5. Prone to pick fights _____	☐	☐
6. Learning disability _____	☐	☐
7. School Performance _____	☐	☐
8. Family conflicts or problems _____	☐	☐
_____		

G) Additional History:

_____

PHYSICIAN USE

ALLERGIES

_____
_____
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PROBLEM LIST

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