

**PATIENT HISTORY**

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

**BIRTH HISTORY**

HOSPITAL \_\_\_\_\_ LOCATION \_\_\_\_\_

TYPE OF DELIVERY \_\_\_\_\_

TERM \_\_\_\_\_

PREMATURE AT \_\_\_\_\_ WEEKS

PREGNANCY # \_\_\_\_\_

BIRTH WEIGHT \_\_\_\_\_ LBS \_\_\_\_\_ OZ DISCHARGE WEIGHT \_\_\_\_\_ LBS \_\_\_\_\_ OZ

LENGTH \_\_\_\_\_

APGAR SCORE \_\_\_\_\_

COMPLICATIONS \_\_\_\_\_

**ILLNESS HISTORY**

GENERAL HEALTH \_\_\_\_\_

CHICKEN POX \_\_\_\_\_

PNEUMONIA \_\_\_\_\_

ASTHMA \_\_\_\_\_

URINARY TRACT INFECTION \_\_\_\_\_

INJURIES \_\_\_\_\_

HOSPITALIZATIONS \_\_\_\_\_

OPERATIONS/SURGERIES \_\_\_\_\_

OTHER \_\_\_\_\_

**ALLERGIES**

MEDICATIONS \_\_\_\_\_

FOODS \_\_\_\_\_

OTHER \_\_\_\_\_

**FAMILY HISTORY**

SIBLINGS	NAME	SEX	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGH CHOLESTEROL \_\_\_\_\_

ALLERGIES \_\_\_\_\_

KIDNEY DISEASE \_\_\_\_\_

BLEEDING PROBLEMS \_\_\_\_\_

HEART ATTACKS \_\_\_\_\_

ASTHMA \_\_\_\_\_

DIABETES \_\_\_\_\_