

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 _____

ANY OTHER CHILDREN	DOB	SEX	CHRONIC CONDITION(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER FAMILY MEMBERS (GRANDPARENTS, AUNTS, UNCLES, ETC.)

HIGH CHOLESTEROL _____

ALLERGIES _____

KIDNEY DISEASE _____

BLEEDING PROBLEMS _____

HEART ATTACKS _____

ASTHMA _____

DIABETES _____