Child and Family Medical Information Worksheet

Current Health Status

Mother:
Father:
Siblings:

Family Medical History

___allergies
___kidney disease
___cancers
___overweight
___hearing problems
___other disorders
___hypertension
___hematologic
___neuromuscular
___epilepsy
___tuberculosis
___drug/alcohol abuse
___alcoholism
___mental illness
___diabetes
___stroke
___heart diseases

Family Social History

Gestation History

1. Gravida:_____Para:_____Abortions:_____
2. Prenatal care Yes No Number of visits _____
3. Length of gestation_____weeks
4. Maternal age at patient's birth_____
5. Smoking? No Yes packs/day_____
6. Alcohol? No Yes Amount/Frequency_____
7. Drugs (recreation) No Yes Name/Freqency_____
8. Total maternal weight change:_____kg. Lost / Gained
9. Maternal medications / drugs used during pregnancy
10. Maternal problems during pregnancy:

__anemia
__cardiac disease
__diabetes
__gonorrhea
__herpes
__hospitalization
__hypertension
__Rh negative
__rubella
__seizures
__syphilis
__U.T.I.
__vaginal bleeding
__hepatitis

Birth & Nursery Course

12. Place of Birth:_____

13. Problems during labor and delivery? (eg. Induction, postpartum hemorrhage_____
_____

14. Type of delivery: Spontaneous Forceps C-Section Length of labor:_____ hours

15. Infant's condition at birth: _____APGAR: 1min:_____5 min:_____

16. High risk nursery? Yes No Length of time:_____

17. Birth weight: Length Head Circumference Small for gestational / large for gestational age

18. Problems:

__birth defects
__blood transfusions
__congenital infections
__convulsions
__feeding problems
__jaundice
__meningitis/sepsis
__oxygen or respirator used
__other

Infant/Child History

Accidents/Illnesses

Environmental exposures (e.g., lead, pesticides, smoking)

Allergies

Medicine taken regularly

Developmental

Hospitalizations