# Child and Family Medical History

**DATE:** | **AGE:** | **Reason for visit (well check):**
---|---|---

## Gestation History
1. Gravida:_____ Para:_____ Abortions:_____
2. Prenatal care Yes or No? Number of visits_____
3. Length of gestation____ weeks
4. Maternal age at patient's birth________
5. Smoking? Yes or No? packs/day_____
6. Alcohol? Yes or No? Amnt/Freq_____
7. Drugs (recreation) Yes or No? Name/Freq_____
8. Maternal medications / drugs used during pregnancy
9. Maternal problems during pregnancy:
   - anemia
   - hospitalization
   - syphilis
   - cardiac disease
   - hypertension
   - U.T.I.
   - diabetes
   - Rh negative
   - vaginal bleeding
   - gonorrhea
   - rubella
   - hepatitis
   - herpes
   - seizures

## 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: 1 min:____ 5 min:_____
16. High risk nursery? Yes No Length of time:_____
17. Birth weight: Length Head Circumference: Small/large for gest age
18. Problems:
   - birth defects
   - convulsions
   - meningitis/sepsis
   - blood transfusions
   - feeding problems
   - oxygen or respirator used
   - congenital infections
   - jaundice
   - other

## Past Medical History (PMH)
Accidents/illnesses
Allergies — "...drug, food, other"

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Allergies - drug, food, otherwise</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>hypothesis</em></td>
<td><em>hypertension</em></td>
</tr>
<tr>
<td><em>hematologic</em></td>
<td><em>neuromuscular</em></td>
</tr>
<tr>
<td><em>epilepsy</em></td>
<td><em>tuberculosis</em></td>
</tr>
<tr>
<td><em>drug/alcohol abuse</em></td>
<td><em>alcoholism, drug addiction</em></td>
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<tr>
<td><em>mental illness</em></td>
<td><em>incarceration</em></td>
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<tr>
<td><em>diabetes</em></td>
<td><em>stroke</em></td>
</tr>
</tbody>
</table>

## Family Medical History (FMH):
- allergies
- kidney disease
- cancers
- overweight
- hearing problems
- other disorders

## Current Health Status of
Mother
Father
Siblings

## Medications taken regularly

## Developmental History

## Diet History
*Diet: see age specific worksheet*

## Social History